



Department of Health and Human Services



National Hispanic/Latino Customer Services Conference

**Improving Hispanic/Latino Customer Service:**  
Toward a Culturally Competent, Responsive, and  
Inclusive Health and Human Services Delivery System

## **Summary Report**



# **Improving Hispanic/Latino Customer Service**

**Toward a Culturally Competent, Responsive, and  
Inclusive Health and Human Services Delivery System**



**U.S. Department of Health and Human Services  
Office of Minority Health**

**April 1999**



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## Executive Summary

On January 13-14, 1999, the U.S. Department of Health and Human Services (HHS) convened a conference on Improving Hispanic/Latino Customer Service. The purpose of the 2-day conference was to further advance the Department toward its goal of a culturally competent, responsive, and inclusive health and human services delivery system for the Hispanic/Latino community. The conference also was designed to promote efforts to increase and improve interagency communication, coordination, and collaboration that will result in improving service delivery to Hispanic/Latino Americans.

The conference represents another phase in the implementation of a major HHS initiative based on the 1996 report *The Hispanic Agenda for Action: Improving Services to Hispanic Americans*. The report addressed a broad range of issues related to Department policies and programs and presented a nine-point action plan to ensure that the HHS workforce and services will be responsive to the future health and human services needs of its Hispanic/Latino customers. The need to reengineer HHS programs to meet the needs of this growing customer group is emphasized by U.S. Census Bureau estimates that by the year 2009, 40 million Hispanics/Latinos will live on the U.S. mainland, making this population the largest so-called “minority” group in the country.

At the conference on Improving Hispanic/Latino Customer Service, 226 participants, including HHS decision-makers and external experts, assembled in eight work groups to address crosscutting issues identified in HAA. The work groups developed recommendations and action steps that focused on interagency collaboration, capacity-building activities, and systemic and infrastructural change for implementing the initiative. Topics addressed by work groups were:

- Appropriate communication strategies to reach Hispanic/Latino customers
- External collaborations with the Hispanic/Latino community
- Internal collaborations to serve Hispanic/Latino customers
- Providing culturally competent services to Hispanic/Latino customers
- Developing a Hispanic/Latino workforce
- Establishing partnerships with Hispanic Serving Institutions to increase the participation of Hispanic/Latino Americans in Federal education-related programs
- Hispanic data and policy implications
- Hispanic research agenda.

Work group recommendations included several overarching themes related to HHS building its capacity to improve services to Hispanic/Latino customers. These themes included the need for internal and external coordination and collaboration; funding and accountability measures specifically to support the

implementation of HAA; and a diversified HHS workforce with more Hispanic/Latino Americans in decision-making positions. Recommendations of the eight work groups are summarized below.

### **Work Group I: Communication Strategies To Reach Hispanic/Latino Customers**

This work group recommended establishing an HHS Office of Communications Coordination for Hispanic/Latino customers. The Office would be charged with collecting and posting on a HHS-wide network information on Hispanic/Latino communications channels, resources, best practices, and lessons learned; identifying and using Hispanic/Latino experts; building external partnerships and alliances to foster message dissemination; and creating a culturally competent marketing plan.

### **Work Group II: External Collaborations With the Hispanic/Latino Communities**

This work group's first recommendation focuses on building external partnerships by identifying key Hispanic/Latino leaders who will provide input to the Department and channel information from HHS to their respective constituencies through means such as resource guides, media lists, and a national clearinghouse. A second recommendation calls for the establishment of Hispanic/Latino advisory groups to provide a formal structure for systematically involving identified leaders in planning efforts.

### **Work Group III: Internal Collaborations To Serve Hispanic/Latino Customers**

The recommendation of the work group is for HHS management to establish internal collaborations to comprehensively address identified Hispanic/Latino health concerns, with full accountability for implementation and fulfillment of HAA from the agency level to the external consumer level. Suggested action items include the development and use of standard report cards, accountability standards, a single point of access to HHS best practices information, and measurable objectives for public appraisal of compliance.

### **Work Group IV: Partnerships With Hispanic-Serving Institutions To Increase the Participation of Hispanic/Latino Americans in Federal Education-Related Programs**

Recommendations from this work group include regular exchanges of information between HHS units and Hispanic-Serving Institutions (HSIs) to improve understanding of their respective needs and resources, activities to increase the ability of HSIs to learn about and secure HHS funding, and



funding dedicated to supporting HAA and HSIs. The work group also recommended that HHS work with the Hispanic Association for Colleges and Universities and the Hispanic Serving Health Professions Schools to improve service and partnerships with the HSIs.

### **Work Group V: Culturally Competent Services to Hispanic/Latino Customers**

Two recommendations from this work group address the need to build cultural competency within HHS and among providers of HHS-funded services through training, incentives, data collection, accountability measures, guidelines, and best practice models. Recommendations to improve customer services for Hispanics/Latinos address the need for Spanish-language competency and other ways of ensuring the accessibility and quality of services, education and outreach, and customer satisfaction measures.

### **Work Group VI: Hispanic/Latino Workforce**

This work group's recommendations call for HHS to provide financial incentives and rewards for promoting diversity within the workforce, to mandate diversity in all recruitment and retention and management panels; to include accountability for diversity issues in annual appraisals; and to use the temporary, noncompetitive, and contract workforce more effectively. Also recommended were a demonstration program to implement an alternative merit selection system and the development of centralized information on HHS employment opportunities.

### **Work Group VII: Data and Policy Implications**

Recommendations from this work group include developing internal strategic planning and training and education programs on the importance of data collection and analysis; improving data collection methods with a particular emphasis on recruitment activities and subgroup populations; and including culturally and linguistically competent data management specialists in design planning meetings. The work group also recommended that HHS ensure the high quality of data analysis, interpretation, and dissemination; develop standardized interface protocols for Federal data collection systems; and develop integrated data systems with standardized definitions for data fields.

### **Work Group VIII: A Hispanic/Latino Research Agenda**

This work group's three recommendations call for HHS to develop, design, and implement accountability procedures in research; develop methods for culturally sensitive research and recognize that culture is a paramount variable in human research; and evaluate the existing HHS research infrastructure in relation to culturally relevant issues and communication mechanisms.



# Introduction

## Background

In March 1995, Donna E. Shalala, Secretary of Health and Human Services, authorized the establishment of the Departmental Working Group on Hispanic Issues (DWGHI) to develop ways for the Department of Health and Human Services (HHS) to improve its delivery of services to the Nation's more than 27 million Hispanic/Latino Americans and to examine the severe underrepresentation of Hispanic/Latino employees in the HHS workforce. This effort was intended to support President Clinton's "reinventing government" agenda and to ensure the delivery of the highest quality of HHS services possible to Hispanics/Latinos. The need to reengineer HHS programs to meet the needs of this growing customer group is emphasized by U.S. Census Bureau estimates that by the year 2000, more than 31 million Hispanics/Latinos will live on the U.S. mainland. By 2009 this number is expected to increase to 40 million, making Hispanics/Latinos the largest so-called "minority" group in the country.

In September 1996, the Secretary launched a major initiative based on DWGHI's final report, *The Hispanic Agenda for Action: Improving Services to Hispanic Americans*. The report addressed a broad range of issues related to HHS policies and programs and presented a nine-point action plan to ensure that the HHS workforce and services will be responsive to the future health and human services needs of its Hispanic/Latino customers. In a communication to HHS Operating Division (OPDIV) and Staff Division (StaffDiv) heads and regional directors, the Secretary noted that the "overriding message of the report is that we must enhance our efforts to communicate effectively with our Hispanic customers, solicit their input on our policies and programs, and assess their satisfaction with HHS."

The Hispanic Agenda for Action (HAA) nine-point plan has served as the Department's blueprint for enhancing its ability to serve Hispanic/Latino customers. Crucial to this plan were recommendations in the areas of:

- HHS capacity to serve Hispanic Americans, including the diversification of the HHS workforce and the involvement of Hispanic customers
- Implementation of President Clinton's Executive order on Educational Excellence for Hispanic Americans
- Hispanic data issues
- A Hispanic health agenda
- Research activities involving Hispanic investigators and participants
- Crosscutting collaboration within HHS
- The ability of Hispanic American-owned companies to compete for HHS procurement opportunities
- Language barriers to Hispanics accessing HHS services
- Establishment of a departmental Hispanic Steering Committee.

To facilitate the implementation of HAA recommendations, the Secretary appointed a HAA Steering Committee and requested the development of OPDIV and StaffDiv action plans. Further followup was provided by the National Hispanic Health Symposium, Building a Healthy Nation, a 3-day meeting convened by HHS in September 1997. The symposium brought together HHS officials and leaders in Hispanic/Latino communities to review HAA. A major outcome of the meeting was a consensus by the Hispanic community leadership on the need for capacity building within HHS to address the critical needs of Hispanic/Latino customers that were identified in HAA.

### **HHS Conference on Improving Hispanic/Latino Customer Service**

Another phase in implementing HAA began on January 13-14, 1999, when HHS convened a conference on Improving Hispanic/Latino Customer Service. The purpose of the 2-day conference in Washington, DC, was to continue to move HHS programs toward the goal of a culturally competent, responsive, and inclusive health and human services delivery system for the Hispanic/Latino community. The conference also was designed to promote efforts to increase and improve interagency communication, coordination, and collaboration that will result in improving service delivery to Hispanic/Latino Americans.

The conference objectives were to:

- Use the nine elements of HAA to build the capacity of HHS to better serve the needs of the Hispanic/Latino community
- Present internal and external best practices models on capacity-building and crosscutting activities that can be replicated within HHS
- Develop consensus recommendations that focus on interagency collaboration on identified HAA crosscutting issues, capacity-building activities, and systemic and infrastructural change for implementing HAA.

The conference's 226 participants included midlevel and upper level decision-makers at HHS as well as external experts and workers in the field who provided a "real world" perspective to deliberations. Attendees first listened to Hispanic keynote speakers such as David E. Hayes-Bautista, Ph.D., who challenged current paradigms and stereotypes with new data and insights on the Hispanic population. Other plenary speakers presented best practice models for building capacity and fostering collaboration in crosscutting areas identified in HAA.

Conference participants then divided into eight work groups, where they worked with professional facilitators. After deliberating various challenges

and barriers to implementing HAA, each work group developed a set of recommendations and action steps that were shared with the full conference body. Topics addressed by work groups were:

- Appropriate communication strategies to reach Hispanic/Latino customers
- External collaborations with the Hispanic/Latino community
- Internal collaborations to serve Hispanic/Latino customers
- Providing culturally competent services to Hispanic/Latino customers
- Developing a Hispanic/Latino workforce
- Establishing partnerships with Hispanic Serving Institutions to increase the participation of Hispanic/Latino Americans in Federal education-related programs
- Hispanic data and policy implications
- Hispanic research agenda.

## **Organization of the Report**

The following section describes dominant propositions that emerged from the eight sets of work group recommendations and indicates areas of most concern to conference participants. Each of the eight subsequent sections focuses on one of the HAA capacity-building and crosscutting issues addressed by a work group. After an introduction to the topic area, the report discusses gaps and needs that were identified by each group. Recommendations outline areas for focusing efforts to implement HAA. Action steps illustrate specific ideas for implementation.



## Overarching Themes

An analysis of work group recommendations revealed several overarching themes related to HHS building its capacity to improve services to Hispanic/Latino customers. The themes discussed below reflect approaches that were recommended by several work groups. These themes may be useful for determining priority steps to improving Hispanic/Latino customer service.

### Coordination and Collaboration

Most work groups recommended some type of internal coordination or information-sharing within HHS. For example, the establishment of an Office for Hispanic/Latino Communications Coordination within the Office of the Secretary (OS) would foster the development of a departmentwide communications network to disseminate information and promote cultural competency. A crucial element of internal coordination is the availability of centralized information about personnel vacancies and other employment opportunities, available funding, best practices, and findings and results from HHS-funded studies. The Internet is an important channel for centralizing information. The HHS Hispanic Web page (<http://www.hhs.gov/about/HEO/hispanic.html>) is an example of a single point of access for key documents such as the HAA, Together Organized Diligently Offering Solidarity (TODOS), and relevant departmental policies. A human resources Intranet was recommended to share resources and enhance HHS diversity efforts. Improved intra-agency and inter-agency collaboration and coordination are needed in programs with Hispanic/Latino-specific issues and target populations (e.g., the Child Health Insurance Program and Medicaid).

Collaboration with nongovernment agencies also was recommended in several topic areas. Examples include partnerships with the States, Hispanic Serving Institutions (HSIs), and umbrella organizations such as the Hispanic Association for Colleges and Universities (HACU) and the Hispanic Serving Health Professions Schools (HSHPS). Also recommended were outreach partnerships with Hispanic/Latino professionals (e.g., doctors, lawyers, and social workers) and media representatives and the establishment of local, regional, and national Hispanic/Latino advisory councils. These partnerships are recommended as a means to communicate more effectively with Hispanic/Latino communities about HHS funding opportunities, improve the cultural competency of HHS services for Hispanic/Latino customers, increase Hispanic/Latino participation in federally funded education programs, and enhance recruitment of Hispanic/Latino employees.

## **Funding**

All work groups considered it critical for HHS to provide funding specifically to support the implementation of HAA and the recommendations made at the Improving Hispanic/Latino Customer Service conference. Broad recommendations include setting aside HHS discretionary funds to support HAA activities and adding funds for HAA activities as a budget line item. More targeted recommendations requested funds for recruitment bonuses, financial aid programs, and other incentives to build cultural competency; “set-aside” grants for HSIs; existing Office of Minority Health (OMH) cooperative agreements with HACU and HSHPS; technical assistance (TA) grants for service providers, training workshops, and educational summits; full-time equivalents (FTEs) for data collection and analysis; and \$100 million for Hispanic/Latino research. Suggestions for maximizing the Department’s financial resources included pooling existing HAA-related funding from HHS agencies for HSI activities, utilizing existing agencies’ training budgets, and scheduling national and regional meetings to coincide with conferences and other related events.

## **Accountability**

Accountability measures were recommended by nearly all work groups to promote implementation of HAA. Approaches to ensuring accountability within HHS include agency report cards with timelines, performance standards and measures, annual appraisals that address measurable and proactive steps, and tracking systems to monitor implementation. It was suggested that the scope of the Department Minority Initiatives Coordinating Committees (DMICCs) be expanded to include the development and monitoring of accountability standards. In areas such as research, short- and long-term performance standards should be aligned with Government Performance and Results Act (GPRA) performance objectives. Recipients of HHS contracts and grants can be held accountable through stipulated requirements to establish strategic plans and goals related to the delivery of culturally competent services to Hispanic/Latino customers. Recommended mechanisms for obtaining feedback from the Hispanic/Latino community include simplified customer surveys with measurable objectives for public appraisal and mandated postselection exit interviews to determine applicants’ perception of the HHS recruitment process.

## **Workforce Diversity**

Several work groups emphasized the need for a diversified HHS workforce, particularly with more Hispanic/Latino Americans in positions involving planning and evaluation, personnel selection, grant review, and other decision-making. The work group on a Hispanic/Latino workforce



presented a comprehensive strategy to address the recruitment and retention of more Hispanic/Latino employees. Recommendations included more effective use of temporary, noncompetitive, and contract employees; mandates for diversity in all recruitment and retention management panels; a demonstration program to implement an alternative merit selection system; and the development of a human resources intranet.

Additional concerns about the diversity of the HHS workforce were raised by other work groups. The disproportionately small representation of Hispanic/Latino Americans in the Department's workforce was cited as contributing to missed opportunities for collaboration internally as well as with Hispanic/Latino communities. Better representation of Hispanic/Latino employees in the HHS workforce and among State, grantee, and other providers also was considered vital for ensuring the delivery of culturally competent services. Increasing the number of Hispanics/Latinos in policy-making and budgeting positions within HHS is an important strategy for enhancing partnerships with HSIs and Hispanic/Latino participation in Federal education programs. Agencies that collect and process data are asked to ensure greater Hispanic/Latino representation in positions involved with decision-making and data interpretation. The prioritization, planning, and design of Hispanic/Latino research is another area where the input of Hispanics/Latinos is recommended.



## Work Group I: Communication Strategies To Reach Hispanic/Latino Customers

### Introduction

Health information and education materials and programs specifically designed for Hispanic/Latinos can strengthen the ability of these target audiences to make well-informed decisions about their health. In 1986, the Secretary's Task Force on Black and Minority Health identified improved, culturally sensitive health information and education for minority populations as an important goal for influencing the overall health status of these groups. Since then, much has been learned about the importance of developing materials and presentations that meet the language and cultural needs of Hispanic/Latino audiences and of using community resources for tailoring educational approaches. HAA recommendations also emphasized "culturally and language appropriate techniques" in HHS communications with its Hispanic/Latino customers.

Plenary speaker Carlos A. Ugarte, M.S.P.H. offered as a best practices model the National Institutes of Health's (NIH) Hispanic Communications Initiative (HCI), which Mr. Ugarte coordinates. HCI is a multifaceted effort to communicate NIH health information to Hispanic/Latino communities in an appropriate and culturally competent manner. Mr. Ugarte suggested that a new paradigm in Hispanic/Latino health communications includes more respectful language (e.g., "hardly reached," rather than "hard-to-reach" groups), the integration of messages and approaches, a focus on behavior change rather than merely awareness, and community mobilization for community-based solutions.

The work group on communication strategies addressed ways to establish and maintain communication with the Hispanic/Latino community-based organizations through the development of appropriate Spanish-language versions of program and policy information; effective use of Hispanic/Latino media; collaboration with Hispanic/Latino community organizations; and sponsorship of conferences, meetings, and symposia. The work group developed an inventory of existing HHS collaborations (both within and outside the Department), resources and materials, and dissemination and evaluation tools that are fostering communication with Hispanic/Latino customers. Examples include NIH's HCI; Spanish-language materials, toll-free telephone lines, and Web sites developed by HHS agencies; and intra-agency ventures such as the Medicare/Medicaid customer satisfaction survey that was developed in Spanish by the Health Care Financing Administration and the Agency for Health Care Policy and Research.

### *Recommendation*

*A consensus was reached that the identified needs could be addressed by one global recommendation.*

### *Recommendation*

*Establish a Secretary's Initiative for an HHS Office of Communications Coordination for Hispanic/Latino customers. This office would serve as a model for all other cultural-ethnic populations.*

## Gaps and Needs

Despite these existing activities and resources, the work group identified significant gaps in meeting the communication needs of the Hispanic/Latino community. These gaps and needs included:

- Evaluation mechanisms to determine the effectiveness of culturally competent and appropriate programs
- Enhanced HHS intra-agency communication
- Private-public partnerships and alliances to help HHS disseminate information to the Hispanic/Latino community
- Innovative dissemination strategies
- Intra-agency education and training on culturally competent and appropriate communications
- A list of best practices and lessons learned from work with the Hispanic/Latino community
- A culturally competent marketing plan.

## Recommendation

A consensus was reached that the identified needs could be addressed by one global recommendation.

**Recommendation: Establish a Secretary's Initiative for an HHS Office of Communications Coordination for Hispanic/Latino customers. This office would serve as a model for all other cultural-ethnic populations.**

### *Action Steps*

- Develop an HHS-wide inventory of events/activities/services.
  - Develop an HHS-wide communications network.
  - Create a communication channel resource list that includes television, radio, translation and interpreting services, audiovisual resources, Internet Web sites, telephone helplines, and publications.
  - Issue a list of best practices and “lessons learned” twice a year.
  - Identify existing resources in capacity-building and training in cultural competency, and encourage staff to participate in training sessions.
- Establish the Secretary's Office of Communications Coordination.
  - Create intra-agency collaboration.
  - Identify Hispanic/Latino experts to support external activities.
  - Integrate and institutionalize culturally competent communication strategies into all HHS business.
  - Share the information throughout HHS by developing innovative dissemination techniques (e.g., Web sites).

- Build partnerships and alliances to enhance message dissemination.
- Ensure that capacity-building and training mechanisms are in place so that HHS staff is able to digest the information.
- Create a marketing plan.
  - Establish a Hispanic/Latino Communication Research Section for HHS.
  - Identify consumer and customer needs using culturally competent and appropriate marketing techniques.
  - Conduct community-focused research that incorporates the following types of research activities: audience driven, marketing, formative, evaluation, monitoring, and coordination.
  - Incorporate marketing analysis in all components of the plan.
  - Create a mechanism for disseminating findings and results to HHS staff using means such as mentors, databases, and Web sites.
  - Identify appropriate methods (e.g., journals, newsletters, conferences) of disseminating the findings and results to audiences outside HHS.

## Summary

The recommendation for establishing an HHS Office of Communications Coordination for Hispanic/Latino customers reflects the work group's recognition that improved interagency communication, coordination, and collaboration are essential to developing effective communication strategies to reach this target audience. An important element of this recommendation is enhancing Department capacity by collecting and posting an HHS-wide network information on Hispanic/Latino communications channels, best practices, lessons learned, and capacity-building and training resources. The essential involvement of the Hispanic/Latino community is fostered by the recommended charge to the Office of identifying and using Hispanic/Latino experts and building external partnerships and alliances to foster dissemination of messages to Hispanic/Latino audiences. The crucial step of creating a culturally competent marketing plan is addressed in a recommendation that calls for customer-focused research, market analysis, and mechanisms to disseminate findings to HHS staff. The work group identified other concerns that it did not address directly in its recommendation. These concerns included the need for translations that are culturally competent and appropriate, consumer satisfaction surveys that reflect cultural competency and appropriateness, the dissemination (not just the development) of communications, and an emphasis on outreach and alliance building.



## Work Group II: External Collaborations With the Hispanic/Latino Communities

### Introduction

HAA acknowledged that a critical aspect of improving HHS services to Hispanic/Latino Americans is the development of “effective mechanisms to reach out to Hispanic communities and enhance their involvement in shaping departmental policies and programs to meet their needs.” The work group on external collaborations was asked to consider ways to encourage the formation of partnerships between HHS agencies and Hispanic/Latino community-based organizations (CBOs) to address health and human services issues that affect Hispanic/Latino customers. Plenary speaker Richard E. Spencer, Jr., described the Hispanic/Latino Health Initiative of the Ohio Commission on Minority Health as a best practice model. This initiative provides grants to Hispanic/Latino health and social services centers, coalitions, and other CBOs to improve the delivery of health services to Ohio’s second largest minority population.

Work group participants concluded that a diverse but fragmented assortment of outreach activities currently take place within HHS agencies. Activities were grouped into several broad categories, including grant programs targeted at CBOs serving Hispanic/Latino populations, recruitment of minority students through outreach by scientists at NIH and other agencies, “person-to-person” outreach at the community level (e.g., to reach troubled youth and populations at risk for drug abuse problems), community meetings convened by HHS regional office personnel, and use of national organizations to reach and involve affiliates at the local level. Acknowledging that their agencies had already identified Hispanics/Latinos as high-priority targets for outreach efforts, work group participants noted that many activities are taking place to support the objective of expanding external collaboration.

### Gaps and Barriers

Despite current activities, many gaps and barriers need to be addressed. Among the many barriers identified, key areas of concern included:

- **Restricted Access to Information**—Current outreach efforts have not sought out Hispanic/Latino groups and community leaders. Key agency planning and policy development meetings tend to include the same groups and people, and the current leaders often do not represent Hispanic/Latino communities. Focus group research also shows that information about Federal programs and funding opportunities does not reach most CBOs that serve Hispanic/Latino people.

### *Recommendation 1*

*Identify, locate, and profile Hispanic/Latino customers and communities.*

### *Recommendation 2*

*Create and support the establishment of local, regional, and national Hispanic/Latino advisory councils.*

- **Policy and Planning Issues**—Outreach can raise expectations and get communities involved and excited, but funds often are not available to support the enthusiasm that is generated. Immigrants' fear of deportation also has been a major impediment to HHS programs that serve Hispanic/Latino communities. Furthermore, shifts in priorities, plans, and policies that occur as administrations and executive personnel at the Department change complicate long-range planning and consistent program development for external liaison efforts.
- **Intra-Agency and Inter-Agency Coordination**—A lack of agencywide planning and coordination fragments efforts of individual HHS agencies. Furthermore, improved intra-agency communication and collaboration within the Federal Government are urgently needed.
- **Poor Communication With External Groups**—The complexity of eligibility requirements for federally funded client services poses barriers. Despite wide agreement that materials should be simple and easy to understand, most HHS publications, including the relatively limited numbers of Spanish-language materials, use complex legal and regulatory language.
- **Management and Personnel Issues**—The Hispanic/Latino staff of HHS does not reflect the growing proportion of this group within the U.S. population. Because the staff contains few people of Hispanic/Latino origin, key opportunities are being missed. The absence of Hispanic/Latino employees also means that there are few advocates to identify gaps in program funding or actively seek changes and shifts in current priorities. Furthermore, HHS has not defined effective performance and quality measures for assessing program and health outcomes among Hispanic/Latino populations.

## **Recommendations**

The work group developed two recommendations with numerous action steps to address the identified concerns.

### **Recommendation 1: Identify, locate, and profile Hispanic/Latino customers and communities.**

HHS agencies often lack information needed to target and reach out to the Hispanic/Latino community. As a result, planning meetings and other key forums often do not include leaders from the Hispanic/Latino communities. By increasing knowledge of who needs to "be at the table," HHS agencies can better target the flow of information to and through organizations that serve these populations. This strategy will help improve communication with CBOs that deliver services at the local level with funding assistance through



HHS and, ultimately, lead to awarding more Federal dollars to organizations active within Hispanic/Latino communities.

### *Action Steps*

The work group recognized that the following list of action steps may not be appropriate for each HHS component and already may be under way in many HHS agencies. The intent of these recommended steps is to convey the need for a more systematic, coordinated approach within the Department.

- Improve internal HHS systems for conducting outreach and external liaisons.
  - Use the resource guide developed by OMH to identify Hispanic groups relevant to efforts of each HHS agency.
  - Use focus groups and other communication research strategies to increase understandings about needs of Hispanic/Latino customers.
  - Invite participants and speakers from Hispanic/Latino communities to HHS planning and policy development events.
  - Develop Hispanic/Latino media lists for departmentwide use.
- Intensify and improve outreach efforts at the community level.
  - Use person-to-person outreach and community systems to disseminate information. Emphasize the use of libraries and senior centers and the development of Internet sites for Hispanic/Latino communities. Increase efforts to work with community leaders, faith communities, and school systems. Expand community sponsorship of events to reach people at the local level.
  - Establish new Hispanic outreach partnerships and expand the involvement of existing networks at the local, regional, and national levels.
  - Network with local professionals (e.g., doctors, lawyers, and social workers).
  - Work with local congressional offices.
    - Establish a national clearinghouse to improve information dissemination.

### *Responsibility*

- All agencies in HHS

### *Timelines and Outcomes*

- Develop a summary of the current status of agency outreach to Hispanics/Latinos and prepare an implementation plan for an expanded effort within 3 months.

- Develop an identifiable product to help create an infrastructure for outreach within 9 months; products could include the following:
  - Resource directory
  - Lists of organizations targeted for partnership
  - Databases (e.g., community organizations, media lists)
  - Hispanic customer service guides
  - New and expanded outreach networks.

### *Resources Required*

- New technical assistance grants for Hispanic/Latino providers
- Dedicated management, staff, and dollars
- Designation as a departmentwide priority.

### **Recommendation 2: Create and support the establishment of local, regional, and national Hispanic/Latino advisory councils.**

Hispanic/Latino-serving organizations and leaders within local communities have not been systematically included in HHS events where they can serve as advocates for these populations. The formation of Hispanic/Latino advisory groups can provide a formal structure for planning efforts and advocacy to promote more communication between HHS and external organizations that can help improve customer services.

### *Action Steps*

The following key action steps will be required to carry out the recommendation. The work group assumed that no additional funds will be available for such an initiative but felt that existing funds could be shifted from other lower priority activities to fund the recommended Hispanic/Latino advisory councils.

- Review grant dollars provided to local communities and identify communities that have not received an equitable proportion of Federal funds.
- Disseminate information about the availability of grant funds through nontraditional sources (e.g., reaching the media and communicating directly with Hispanic/Latino-serving CBOs).
- Employ the improved infrastructure developed through the activities referenced in Recommendation 1 to support the work of the new Hispanic/Latino advisory councils.

### *Responsibility*

- OPDIV heads
- Public affairs offices
- External affairs offices
- Agency regional and field operations.

### *Timeline and Outcome*

- Identify and recruit participation by groups and leaders from a wide range of Hispanic/Latino-serving community groups.
- Convene groups within 4 months.

### *Resources*

- Leverage existing resources by building on existing conferences and meetings.
- Reprioritize the use of available resources.

### **Summary**

These recommendations address the need to systematically involve Hispanic/Latino communities in HHS policy and planning processes to improve the Department's provision of services to its Hispanic/Latino customers. The first recommendation focuses on building external partnerships by identifying key Hispanic/Latino leaders who will provide valuable input to the Department and channel information from HHS to their respective constituencies. Supplementing existing HHS activities with the development of resource guides and media lists, networks with local professionals, and a national clearinghouse are a few of the methods suggested for improving HHS outreach to Hispanic/Latino communities. The recommendation to establish Hispanic/Latino advisory groups is intended to provide a formal structure for systematically involving identified leaders in planning efforts at the local, regional, and national levels and to provide a Federal forum for Hispanic/Latino advocacy efforts. These advisory councils could serve as two-way communication channels by articulating community issues for HHS and helping disseminate information about Federal programs and funding to Hispanic/Latino CBOs that otherwise might not become aware of new HHS grant opportunities.



## Work Group III: Internal Collaborations To Serve Hispanic/Latino Customers

### Introduction

HAA recognized that although “each HHS OPDIV has a unique mission, programs from different agencies sometimes have similar goals and target populations” that possibly could be coordinated to improve customer service. The purpose of the work group on establishing internal collaborations was to demonstrate how collaboration among agencies can be cost-effective and efficient at enhancing HHS’ ability to serve Hispanic/Latino customers. The work group defined “internal” as being within HHS and considered “collaborations” to take many different forms, from the sharing of lessons learned, to exchanging technical information and data, to pooling resources and expertise.

Plenary speaker Richard Walling presented the United States-Mexico Border Health Commission as a best practice model whose members include Federal and State stakeholders from both countries. Other examples of HHS collaborations that already exist include the President’s initiative to eliminate ethnic and racial disparities, the Fatherhood Initiative, and Healthy People 2000 and 2010. These activities led the work group to conclude that the infrastructure for internal collaborations is in place and that building additional structures could potentially overburden the system.

### Gaps and Needs

Despite current collaborations within HHS, the existing infrastructure is not perceived as being necessarily “friendly” to Hispanic/Latino populations. Work group participants expressed concern that a lack of bilingualism at HHS inhibits the Department’s ability to effectively respond to Latino customers and forge effective alliances within the Department. This problem might arise partly from the fact that there are not enough Hispanics/Latinos applying for middle- or senior-level positions within HHS. Moreover, the infrastructure for internal collaborations is not utilized optimally. For example:

- There is a lack of consolidation and blending of initiatives.
- Categorical funding hampers collaborations.
- Current collaborations are not measurable or enforceable.

The insufficiency of Hispanic/Latino applicants for higher HHS positions could potentially be remedied if more Government jobs were available in areas where significant Hispanic/Latino populations are concentrated (e.g., the southwest United States). Many Hispanics/Latinos do not want to relocate to apply for or accept a Government job and leave their families and other support systems. However, these individuals may be willing to “telecommute” or accept Government employment in their area. Another

### *Recommendation*

*HHS management must comprehensively address identified Hispanic/Latino health concerns and establish internal collaborations to address those concerns, with full accountability for implementation and fulfillment of the initiative from the agency level to the external consumer level.*

option would be to outsource or contract with Hispanic/Latino individuals or organizations outside the Government to review proposals and grants or to help with program development. Moreover, students should be recruited from minority-rich universities for both summer internships and full-time employment so that more Hispanics/Latinos receive exposure to Government work.

With regard to a lack of consolidation of initiatives, work group participants observed that many so-called minority populations have similar needs, and therefore initiatives targeted at such populations should perhaps be consolidated. This consolidation should not necessarily involve individualized approaches for each subpopulation, but, rather common needs should be addressed across populations and then diversified for specific groups.<sup>7</sup>

With regard to funding problems, the work group noted that health initiatives often are funded piecemeal, with funds earmarked for use by a specific agency or component of HHS. For example, each HHS agency has separate funding allocations and separate 5-year and 10-year strategic plans. Most of these plans and appropriations do not take collaborations with other agencies into account, even as a mechanism to consolidate resources. The work group suggested that financial and strategic planning should occur across HHS. At the Department level, staff should look across agencies to determine where overlapping activities exist and where potential collaborations could be formed. An annual coordination meeting could be convened to mesh resources. In addition, funding streams could be leveraged, as they already are for areas such as substance abuse and the health disparities initiative.

### **Recommendation**

Based on these observations, the work group developed one primary recommendation with several action steps.

**Recommendation: HHS management must comprehensively address identified Hispanic/Latino health concerns and establish internal collaborations to address those concerns, with full accountability for implementation and fulfillment of the initiative from the agency level to the external consumer level.**

#### *Action Steps*

- Within 6 months, each agency must implement a standard report card with an attached timetable that responds to overarching mandates.

Examples of this action step could include the Centers for Disease Control and Prevention (CDC) potentially taking the lead on developing a standard report card related to adult and childhood

immunizations and coordinating activities among the other HHS agencies that could potentially be involved in immunization; the National Institute of Diabetes and Digestive and Kidney Diseases possibly taking charge of diabetes issues in Hispanic/Latino populations; and the Occupational Safety and Health Administration and the National Institute for Occupational Safety and Health potentially taking the lead in worker health and safety, particularly because there are many migrant and temporary workers in the Hispanic/Latino community.

- Within 6 months, the scope of DMICCs must be expanded to include development and monitoring of accountability standards (new or already established).

Accountability was identified as a major component of any recommendation. The work group noted that although there have been many conferences, initiatives, and other activities to establish internal collaborations related to the Hispanic/Latino population in the past, none has been successful because no entity was held accountable for implementation and success. Enforcement of initiatives should be a priority. Overall, it was concluded that DMICCs need marketing and further buy-in to be effective.

- A single point of access needs to be developed to information regarding best practices across the agencies within HHS.

Development of a centralized source of information is important because many initiatives are already in place but have not yet been implemented or integrated throughout HHS. These initiatives could be completed or used as a foundation to build new efforts. More sharing of best practices and other information among HHS agencies would obviate the need to “reinvent the wheel.”

In addition, Department-level staff members should look across agencies to identify overlapping activities and areas where collaborations potentially could be built. Another option would be to convene a committee (with representation from each agency/HHS component) when HHS-wide strategies are being formed. Representatives should be aware of all the activities of their respective agencies and should have access to all managers within their agencies.

Although technology transfer often requires additional resources, sharing information generally can be cost-effective and should be pursued.

- It is necessary to provide measurable objectives in simplified format for public appraisal of compliance.

The provision of measurable objectives should entail using a flexible format that can gauge whether programs and initiatives are working. Other options include holding agency directors accountable for adhering to performance measurements or tying compliance to future funding. Successful compliance and accountability should be recognized or rewarded.

### **Summary**

Over the past decade, there have been numerous meetings and “calls to arms” on improving internal collaborations to enhance HHS’ responsiveness to Hispanic/Latino consumers. However, these events have merely identified problems without ensuring their solution through specific action items. Therefore, accountability is needed among agency directors responsible for program planning and budgeting related to Hispanic/Latino health initiatives. Such planning must be comprehensive and encompass enforceable accountability standards and benchmarks for success.

As part of this effort, HHS management must comprehensively address and identify the major Hispanic health concerns, establish collaborations to address them, with full accountability for implementation and fulfillment from top down (e.g., from the agency level through the external customer level).



## Work Group IV: Partnerships With Hispanic-Serving Institutions To Increase the Participation of Hispanic/Latino Americans in Federal Education-Related Programs

### Introduction

Hispanic-Serving Institution's (HSIs) are identified in HAA as vehicles through which HHS can improve its delivery of services to Hispanic/Latino customers and address the underrepresentation of Hispanic/Latino employees in the Department. In 1994 and 1995, HSIs (defined in table 1) served nearly 40 percent of all Hispanic/Latino Americans in higher education. This contribution is important because Hispanics/Latinos are much less likely to attend and complete higher education than are whites. In 1996, 28 percent of whites 25 to 29 years of age had completed 4 or more years of college compared with only 10 percent of Hispanics. HSIs can help increase the number of Hispanics/Latinos completing college, thereby expanding the pool of eligible candidates for positions in HHS. In partnership with the Department, these institutions also can expose Hispanic/Latino students to work in health-related fields and involve them in health-related research. Lastly, HSIs can help researchers involve Hispanic/Latino populations in studies.

The goal of this work group was to identify ways that the Department can establish partnerships with HSIs. A model for partnering with these institutions was presented by plenary speaker Hector Garza, Ed.D., who described the Faculty Development Initiative funded by OMH and NIH through HSIs. This initiative seeks to build the capacity of HSIs and selected faculty members through direct involvement in workshops, conferences, and other sponsored program activities.

The work group discussed current HHS activities in this area, including internship and training programs, scholarships, and cooperative agreements with HACU.

### Gaps and Needs

The work group identified several gaps and barriers that impede efforts to establish partnerships with HSIs and increase the participation of Hispanic/Latino Americans in Federal education-related programs.

- HSIs obtain little HHS grant money.
  - HHS does not have effective mechanisms for providing funds to these schools and students. There needs to be a more systematic approach to funding these institutions. Currently, there are no HHS R01 grants at HSIs.
  - People on grant review committees tend to be unfamiliar with the Hispanic/Latino population.

### *Recommendation 1*

*Increase funding specifically budgeted for the Hispanic Agenda for Action.*

### *Recommendation 2*

*Hold four regional TA workshops annually to increase HSIs' awareness of the HHS programs, grants, and contracts available to them and to provide training in proposal writing to improve HSIs' chances of winning funding. The focus of the workshops would be on "How can I write a winning proposal for HHS?" Conduct four regional education summits annually to increase the knowledge of HHS agencies of the capacities and resources HSIs can offer the Department. The summits would include in-depth discussions of HSI and HHS plans, programs, and capabilities to identify opportunities for partnerships.*

### *Recommendation 3*

*Develop a systematic approach for effective relationships between HHS and the two umbrella organizations, HACU and HSHPS.*

### *Recommendation 4*

*Increase the number of Hispanics/Latinos in policy-making and budgeting positions within HHS.*

- Hispanics/Latinos are lacking in policy-making and budgeting positions in HHS.
  - Outreach has not been performed to ensure that HSIs receive requests for proposals.
  - HHS does not know what technical assistance HSIs need to develop a competitive proposal. Many HSIs do not have the technical abilities to prepare a competitive proposal and need more than a list of criteria for selection of grantees.
- Money is not specifically allocated for the Hispanic Agenda for Action.
  - No resources are currently allocated within HHS units for building capacity and maintaining relationships with HSIs. For example, funds are not allocated to conduct conference calls with HSIs or other Hispanic community leaders.

## Table 1. Hispanic-Serving Institution (HSI): Definition and Distribution

### Definition: Federal Criteria for Hispanic-Serving Institutions

The Higher Education Act, Title III, Sec. 316, stipulated that an HSI must:

- Be a public or nonprofit institution
- Provide a bachelor's degree or at least a 2-year program acceptable toward a degree
- Be accredited by an accrediting agency or association recognized by the Secretary
- Have high enrollment of needy students
- Have low average educational and general expenditures
- Have at least 25 percent Hispanic undergraduate FTE student enrollment.
- Provide assurances that not less than 50 percent of its Hispanic students are low-income individuals and first-generation college students
- Provide assurances that an additional 25 percent of its Hispanic students are low-income individuals or first-generation college students.

### Distribution and Hispanic Enrollment in HSI

Only 177, or 5 percent, of the more than 3,300 institutions of higher education in the Nation are HSIs. Eighty-four of the HSIs are 4-year institutions and 93 are 2-year institutions. The HSIs were found in nine States and Puerto Rico in 1995-96 as shown in the list below.

Jurisdiction	Number of HSIs (% of all HSIs)	Total Hispanic Enrollment in HSI
Puerto Rico	47 (27%)	158,840
California	46 (26%)	152,435
Texas	28 (16%)	114,183
New Mexico	17 (10%)	23,533
New York	10 (6%)	32,015
Illinois	9 (5%)	20,571
Florida	8 (5%)	44,613
Arizona	6 (3%)	13,752
Colorado	4 (2%)	4,290
New Jersey	2 (1%)	3,727

- HHS does not know what HSIs can offer.
  - HHS is not familiar with the capacities of the HSIs to supply the Department with scientists, student interns, and future employees.
- HHS lacks a systematic approach to the relationship with umbrella organizations.
  - HACU and HSHPS are two umbrella organizations through which HHS could better reach HSIs and professional schools serving Hispanics.

## Recommendations

To address these gaps and needs, the work group proposed the recommendations listed below.

### **Recommendation 1: Increase funding specifically budgeted for the Hispanic Agenda for Action.**

#### *Actions Steps (1 to 3 years)*

- Ask for the commitment from the Secretary to set aside discretionary funds of \$5 to \$10 million toward implementing HAA.
- Create “set-aside” grants for HSIs.
- Identify the existing financial resources that different agencies set aside from their respective HAA plans. Help them pool together resources for HSI activities.

#### *Action Steps (3 to 10 years)*

- Build in budget set-asides for HAA with incremental yearly increases to accommodate the projected growth in the Hispanic/Latino population.
- Establish partnerships with States to promote HAA initiatives.

**Recommendation 2: Hold four regional TA workshops annually to increase HSIs’ awareness of the HHS programs, grants, and contracts available to them and to provide training in proposal writing to improve HSIs’ chances of winning funding.** The focus of the workshops would be on “How can I write a winning proposal for HHS?” **Conduct four regional education summits annually to increase the knowledge of HHS agencies of the capacities and resources HSIs can offer the Department.** The summits would include in-depth discussions of HSI and HHS plans, programs, and capabilities to identify opportunities for partnerships.

#### *Action Steps*

- Ascertain management’s commitment to holding the regional TA workshops and education summits as well as the allocation of resources needed.
- Establish a planning and implementation team.
- Identify and distribute to HSIs and umbrella organizations an inventory of HHS programs, grants, and contracts.
- Work with umbrella organizations to facilitate the annual regional TA workshops and education summits.
- Inform HSIs of the logistics of the workshops and summits.
- Conduct two regional TA workshops in 1999.
- Conduct one educational summit in 1999.

- Institutionalize four annual regional TA workshops.
- Institutionalize four annual educational summits.

**Recommendation 3: Develop a systematic approach for effective relationships between HHS and the two umbrella organizations, HACU and HSHPS.**

*Action Steps*

- Develop the existing OMH cooperative agreements with HACU and HSHPS in a more systematic manner.
  - HACU and HSHPS should share information about the cooperative agreements with HHS offices and agencies.
  - DMICC should establish liaisons at each HACU and HSHPS, develop a resource notebook on HACU and HSHPS, and develop a forum for HHS, HACU, and HSHPS to discuss their accomplishments and needs.
  - OMH should coordinate monthly meetings with agency liaisons to continue the dialogue.
  - A major effort should be developed that HHS units can support through OMH cooperative agreements (e.g., HACU internship program, HSHPS fellowship program).
  - Support potential from HHS units should be increased through OMH cooperative agreements. Specifically, potential support for HACU and HSHPS should become a monthly agenda item for HHS Minority Committee meetings. OMH should send proposed projects for funding to HHS units.
- Secure discretionary funding, earmarked funding, or other grants for Hispanic/Latino education and research.
  - HACU and HSHPS should be more involved in educating Congress to increase these types of funding.
  - HACU and HSHPS could facilitate the identification of entities and individuals who target Hispanic/Latino populations to apply for these programs.
- Develop grantsmanship training programs for HACU and HSHPS through the Office of Sponsored Programs for some HSIs and for at least one HSHPS. Use a successful Historically Black College or University to assist with training as well as other contractors.
- Develop an infrastructure for maintaining contact between HACU and HSHPS central offices and HHS agencies. OMH should provide followup.
- Increase Hispanic/Latino participation on HHS review committees, including review boards and study sections at NIH and grant review committees at OMH, CDC, the Health Resources and Services Administration, and the Substance Abuse and Mental Health Services Administration.
- Include HACU and HSHPS in HHS regional programs.

### *Resources Required*

- HHS should provide funding and liaisons between HACU and HSHPS and HHS.
- OMH needs to set aside discretionary funds; other units in HHS need to identify discretionary funds.
- Other Hispanic/Latino organizations whose mission is to serve Hispanics/Latinos in higher education should be included with HACU and HSHPS.

### **Recommendation 4: Increase the number of Hispanics/Latinos in policy-making and budgeting positions within HHS.**

### *Action Steps*

- Identify and nominate potential Hispanic/Latino candidates from within the Department or other Governmental agencies.
- Enroll potential candidates in management internship programs, executive leadership programs, skills development programs, and mentoring programs using existing HHS units' training funds.
- Use a "special expert" mechanism for recruitment from outside the Federal Government.
- Partner with HACU and HSHPS to use the Intergovernmental Personnel Act mechanisms to hone the skills of existing or potential candidates within an HSI who possess some, but not all, the skills needed for a leadership position. This activity should be jointly administered by HSIs and the HHS unit and be started in the next 2 years.

### **Summary**

The work group provided several recommendations aimed at establishing stronger relationships between HHS and HSIs. Suggested measures included regular exchanges of information between Department units and HSIs to improve understanding of their respective needs and resources, activities to increase the ability of umbrella organizations and HSIs to learn about and secure HHS funding, and funding dedicated to supporting HAA and HSIs. The work group also recommended that HHS work with HACU and HSHPS to improve service and partnerships with the HSIs.

The work group considered the lack of Hispanics/Latinos in positions to contribute to grant, policy, and budget reviews as a barrier to accomplishing more productive partnerships with HSIs. Consequently, the work group suggested several action steps designed to increase Hispanic/Latino representation in these positions. Additional ideas mentioned in this regard included placing Hispanics/Latinos in visible positions and programs,

holding “selecting officials” accountable for increasing recruitment and hiring Hispanics/Latinos, creating incentives for mentorships, and organizing recruitment teams to go to HSIs to recruit senior-level staff.





## Work Group V: Culturally Competent Services to Hispanic/Latino Customers

### Introduction

Ensuring access to HHS policies, programs, information, and services by all customers requires efforts to overcome cultural, linguistic, and related barriers through a demonstrated commitment to cultural competency. Cultural competency has been identified by the HAA Steering Committee as a cross-cutting issue that needs to be addressed by all HHS components. As a result, the HAA Steering Committee has created a working group comprising HHS representatives to identify relevant cultural competency issues and appropriate strategies for addressing them.

*Cultural competency is defined as behaviors, attitudes, and policies that can come together on a continuum; that will ensure that a system, agency, program, or individual can function effectively and appropriately in diverse cultural interaction and settings. It ensures an understanding, appreciation, and respect of cultural differences and similarities within, among, and between groups. Cultural competency is a goal that a system, agency, program, or individual continually aspires to achieve.*

– Hispanic Agenda for Action Work Group on  
Cultural Competency, DHHS, 1996

The need for culturally competent services for Hispanic/Latino customers was highlighted by DWGHI, which found that most HHS programs lacked effective approaches to addressing the needs of this group. At the conference on Improving Hispanic/Latino Customer Service, the cultural competency work group approached its deliberations with the understanding that the cultural and linguistic needs of Hispanic/Latino customers should be considered in a range of agency-level activities. These activities include planning and budget processes; program implementation and evaluation; research and data policy development; and representation on boards, panels, councils, grant announcements, and contract solicitations.

The goal of the work group was to devise recommendations that would help strengthen and improve services to Hispanics/Latino customers through interagency collaborations, capacity-building, and systemic changes for implementing HAA. The work group extended its definition of “customer” to include not only the diverse groups constituting the Hispanic/Latino population but also grantees and other providers of HHS services. Participants identified an array of Department activities that are focused on enhancing cultural competency. These activities include several Spanish-language home pages on the Internet, the OMH Resource Center, a user liaison program, CDC’s resource directory of culturally appropriate messages for Hispanic/Latino audiences, and numerous toll-free telephone lines that provide information in Spanish.

**Recommendation 1**  
*Build HHS capacity for cultural competency.*

**Recommendation 2**  
*Build providers’ capacity for cultural competency.*

**Recommendation 3**  
*Improve Customer Service to Hispanic/Latino Recipients of HHS-Funded Services.*

## **Gaps and Needs**

Despite these current activities, critical service gaps, unmet customer needs, and barriers to cultural competency continue to hamper HHS' ability to serve its Hispanic/Latino customers. Linguistic barriers to providing culturally competent services cannot be overemphasized. Plenary speaker Frank Meza, M.D., M.P.H., from the Kaiser Permanente Medical Center in East Los Angeles, noted that 42 percent of the center's Hispanic/Latino members needed or preferred Spanish-language services. However, barriers to providing such services include the lack of:

- Tailored Spanish translations that recognize the diversity of the Hispanic/Latino population
- The need for Spanish-translation proficiency in various medical disciplines (e.g., HIV/AIDS, cancer)
- The lack of provider tools for working with translators.

Systemic barriers to culturally competent services include the lack of:

- Centralized resources for information and referrals
- Mechanisms for obtaining customer input
- Provider training in culture, language, and medical issues
- Personal and policy accountability for cultural competency
- Funding for crucial activities such as translation and interpretation services.

Moreover, HHS needs to improve:

- Coordination between agencies for service delivery and outreach efforts
- Partnerships with Hispanic/Latino communities
- Recruitment of Hispanics/Latinos for key access positions within the Department.

## **Recommendations**

An examination of the identified customer gaps and barriers revealed the need for recommendations and action steps in three areas: (1) building HHS capacity for cultural competency, (2) building the capacity for cultural competency among HHS service providers, and (3) improving the delivery of culturally competent HHS services to Hispanic/Latino customers.

### **Recommendation 1: Build HHS capacity for cultural competency.**

Many opportunities exist for building cultural competency within HHS. Action steps in this area address the need to enhance staff cultural proficiency and understanding of Hispanic/Latino issues at all levels, including the

policy-formation level; build better partnerships within the Department and with Hispanic/Latino communities; provide financial incentives for capacity-building; encourage accountability through the formulation of goals, standards, and performance measures; and recruit Hispanic/Latino personnel in key positions within HHS.

### *Action Steps*

- The Secretary of HHS should select and appoint a formal task force (within 90 days) to:
  - Complete an agency snapshot of policies and programs
  - Collaborate with partners to build the capacity for cultural competency
  - Formulate and enforce goals.
- The Secretary should provide incentives (i.e., funds) for agencies to build capacity for cultural competency.
- HHS agencies should:
  - Create and update cultural competency policies as necessary
  - Recruit Hispanic/Latino staff
  - Train HHS staff on cultural competency issues
  - Create and enforce performance standards and measures
  - Evaluate programs.

### **Recommendation 2. Build providers' capacity for cultural competency.**

Recommendations in this area address several key concerns, including the Spanish-language proficiency of service providers; contractor and grantee accountability for providing culturally competent services; and the development of guidelines, best practice examples, and other training and education tools for providers. Diverse approaches were suggested for implementing the recommended action steps. For example, the recruitment of linguistically appropriate staff could be promoted in the short term through job descriptions that include Spanish-language skill requirements and in the long term through curriculum requirements that include studies in at least one foreign language, preferably Spanish. Personal accountability for cultural competency could be tied to job performance appraisals, and accreditation standards developed by the National Committee for Quality Assurance could be used to evaluate grantees and programs.

### *Action Steps*

- States and grantees should train providers in cultural competency (within 60 to 90 days).
- States, grantees, and providers should:
  - Recruit culturally and linguistically appropriate staff (within 60 to 90 days and ongoing)

- Collect relevant data on Hispanic/Latino customers and their needs (within 120 days).
- HHS, OPDIVs, and grants administration should require recipients of contracts and grants to establish strategic plans, goals, and accountability standards related to cultural competency (ongoing).
- HHS and OPDIVs should provide funding (ongoing).
- HHS and States should create practical tools (e.g., provider guidelines for working with interpreters) (within 120 days).
- HHS, States, grantees, and providers should create examples of best practices through collaboration and relationship building (within 180 days).
- Program administration should review existing rules and policies (e.g., Title VI of the 1964 Civil Rights Act) regarding customer accessibility (within 180 days).

**Recommendation 3: Improve Customer Service to Hispanic/Latino Recipients of HHS-Funded Services.**

The work group recognized that improving customer service to Hispanic/Latino customers involves enhanced efforts to communicate effectively with them, solicit their input on policies and programs, and assess their satisfaction with HHS. Recommendations address these three requirements as well as the need for user-friendly service environments (e.g., culturally appropriate schedules, signs, and décor) and culturally sensitive interactions (e.g., providing respect and “personalismo,” treating the person as a whole rather than treating a disease).

***Action Steps***

- Program administrators, States, and grantees should increase accessibility to services (e.g., provide coordinated, barrier-free, user-friendly services with bidirectional communication, culturally and linguistically appropriate intake forms, and minimal required documentation) (within 90 days and ongoing).
- HHS, States, and grantees should ensure the provision of quality services to Hispanic/Latino customers (e.g., measure outcomes and client satisfaction with factors such as waiting times and interpreters, provide customer input mechanisms to obtain information on user needs, treat the person as a whole) (ongoing).
- HHS, States, grantees, and providers should provide customer education (e.g., explanation of services, informed consent, and the reasons for providers’ questions) and outreach (ongoing). The definition of outreach needs to be clarified.

- Providers and grant administrators should:
  - Develop Spanish-language and cultural sensitivity skills
  - Become informed about immigration laws and the barriers that they present to service access
  - Minimize barriers posed by client forms and documentation.

## Summary

Before developing recommendations with specific roles, responsibilities, and timelines, the work group acknowledged that building cultural competency needs to be an ongoing process that involves everyone in the Department and is supported by funding from all HHS agencies. Two work group recommendations addressed the fundamental issue of building cultural competency within HHS and among providers of HHS-funded services. Action steps in these areas focus on capacity-building through training, incentives, data collection, accountability measures, and tools such as guidelines and best practice models. Also recommended were reviews of current HHS and provider policies that involve cultural competency and customer accessibility. Recommendations to improve customer services for Hispanics/Latinos address the need for Spanish-language competency and other ways of ensuring the accessibility and quality of services, education and outreach, and customer satisfaction measures.



## Work Group VI: Hispanic/Latino Workforce

### Introduction

According to HAA, increasing the employment of Hispanics/Latinos throughout HHS is a critical step in improving the Department's capacity to meet the health and human services needs of Hispanic/Latino Americans. Secretary Shalala acknowledged that "our capability to serve Hispanic customers is closely linked to both the diversity and the cultural competency of our workforce." However, compared with their counterparts in the civilian labor force (CLF), Hispanics/Latinos continue to be severely underrepresented in most categories of Federal employment, from entry-level to senior-level positions. In 1996, DWGHI found that Hispanics/Latinos represented only 2.75 percent of the total HHS workforce compared with 8.1 percent of the CLF. HAA noted that this underrepresentation exceeds that of all other federally recognized minority groups and is one of the most severe among Federal executive departments.

Plenary speaker Rebecca Lee-Pethel of CDC offered as a best practice model the blueprint for improved recruitment and retention of Hispanics/Latinos that was developed by a CDC work group. In its report Enhancing Hispanic Representation in the CDC/ATSDR Workforce, the CDC work group recommended that the agency actively promote the recruitment of Hispanics/Latinos to a level of 11.1 percent of the CDC/Agency for Toxic Substances and Disease Registry (ATSDR) labor force by 2005, with minimum annual increments of 1.1 percent. Elements of the CDC/ATSDR recruitment and retention plan include analyzing successful recruitment practices, evaluating and tracking progress, identifying issues through exit interviews, promoting a comprehensive Hispanic research agenda, and ensuring career development plans.

At the conference on Improving Hispanic/Latino Customer Service, the work group on developing a Hispanic/Latino workforce was asked to consider recruitment and retention strategies such as working with Hispanic/Latino organizations and developing or identifying culturally appropriate training, career development, and mentoring programs.

### Gaps and Needs

The work group identified several areas of concern expressed in discussions with managerial, human resource, and other Federal personnel. These recurring areas of concern and key issues include the need for financial resources, the need for accountability, and the need to change the existing recruitment and retention process.

### *Recommendation 1*

*HHS should utilize more effectively the workforce of temporary, noncompetitive, and contract employees.*

### *Recommendation 2*

*HHS should mandate diversity in all recruitment and retention and management panels*

### *Recommendation 3*

*Managers should be held accountable for diversity issues at the time of annual appraisal.*

### *Recommendation 4*

*HHS should establish a demonstration program to implement an alternative merit selection system that addresses systemic barriers to recruitment and retention.*

### *Recommendation 5*

*HHS should develop a human resources intranet designed to share resources and enhance HHS diversity efforts.*

### *Recommendation 6*

*HHS should ensure that all vacancy announcements and other employment opportunities are posted on a central Web page.*

Specific gaps identified by the work group included the need for:

- An institutional commitment to changing behaviors and attitudes about diversity
- A critical mass of Hispanic/Latino applicants for HHS positions, especially GS-13 level and higher jobs
- An expanded initial recruitment pool that allows more hiring from outside HHS
- Effective approaches to competing with the private sector for highly skilled applicants
- The inclusion of Hispanics/Latinos on selection panels
- Training for Hispanic/Latino employees to foster promotion from within HHS
- Performance appraisals that build in accountability for recruiting a diverse workforce.

### **Recommendations**

Work group recommendations attempted to address needs in the identified major priority areas.

#### **Recommendation 1: HHS should utilize more effectively the workforce of temporary, noncompetitive, and contract employees.**

A major drawback in finding highly skilled Hispanics/Latinos for the HHS workforce is in the requirement to hire for a position first from within the Federal workforce. The changing HHS contracting landscape currently is characterized by a trend toward outsourcing and using contractor employees to fill minority requirements. As a result, the number of HHS entry-level jobs (e.g., GS-9 and GS-10) that serve as “bridge” positions to higher level jobs are becoming more limited. This dwindling pool of lower level applicants from which HHS managers can recruit has seriously affected agencies’ ability to groom individuals from within.

Although Hispanics/Latinos and other minorities fulfill Equal Employment Office (EEO) requirements via contract mechanisms, contractor employees are not counted as part of a Federal agency’s full-time EEO head count. In addition, because these individuals are not considered permanent full-time Federal Government employees, they are governed by the regular procurement regulations limiting their availability as an internal recruitment and applicant pool. The work group concluded that HHS needs to create a departmentwide opportunity to recruit and hire these “other head count employees” into the full-time head count.

The Federal Government also needs to become more aggressive in competing with the private sector for skilled applicants. The private sector is able to



offer recruitment incentives (e.g., repayment of relocation costs) that are unavailable to Federal Government managers. More competitive marketing strategies that the Federal Government could use in its recruitment efforts include educating potential applicants about benefits such as programs, loans, and scholarships that are available to Federal employees.

### *Action Steps*

- Allocate OS funds to create a Secretary's Incentive Plan to stimulate the recruitment process.
- Implement a Career Ladder Program aimed at creating GS-5 to GS-11 positions from the alternative workforce and creating a pool of nonclerical employees who will be available from within the Federal Government for training, career development, and promotion into higher grade positions.
- Use recruitment bonuses and loan forgiveness programs to recruit these individuals into the Federal marketplace.

### **Recommendation 2: HHS should mandate diversity in all recruitment and retention and management panels.**

Diversity is needed in the recruitment and selection process to ensure that candidates are effectively sought, interviewed, assessed, and hired. Diversity is needed throughout the entire employment process (e.g., search committees, selection committees) to ensure that the lack of Hispanics/Latinos on selection panels does not adversely affect hiring.

Racism and discrimination are still being encountered in the recruitment and selection of minorities for full-time Federal Government positions. HHS needs to identify mechanisms to ensure that individuals involved in the recruitment and selection process are culturally competent and that diverse panel representation is sustained throughout the entire employment process.

HHS also needs to make individuals at the highest levels of management accountable for meeting EEO requirements pertaining to minority recruitment and retention. EEO personnel as well as program managers should be held accountable for achieving HHS goals. If goals are not being met, the Department needs to better evaluate its efforts and determine how to achieve sustained organizational accountability from senior management to selecting officials.

### *Action Steps*

- Establish a pool of dollars within OS to allow heads of OPDIVs to use "detail" mechanisms to obtain diversity in selection panels.
- Mandate diversity training as a prerequisite to panel participation.

- Mandate postselection exit interviews in survey form to determine applicants' perceptions of the recruitment and retention process.
- Establish an OS-level database of potential panel members who have subject-matter expertise and are culturally competent.

**Recommendation 3: Managers should be held accountable for diversity issues at the time of annual appraisal.**

Accountability for meeting EEO goals needs to become a critical element in annual individual performance appraisal at all HHS agencies. Accountability measures need to have “teeth” to modify behavior and should focus on hires of Hispanics/Latinos rather than on less important measures such as the number of people sent to a conference. HHS needs to provide bonuses and other incentives for individuals who achieve their EEO goals.

*Action Steps*

- Mandate that each OPDIV develop financial- and program-related incentives for managers who achieve measurable results in the area of diversity.
- Mandate that a narrative be included in all annual appraisals to reflect measurable and proactive steps that have been taken to address diversity.

**Recommendation 4: HHS should establish a demonstration program to implement an alternative merit selection system that addresses systemic barriers to recruitment and retention.**

Many practices integral to recruitment and retention policies and processes pose systemic barriers to diversity in the full-time Federal workforce. The work group suggested that an alternative merit selection system was needed to address these barriers. The proposed system would need to assess existing procurement regulations (e.g., the requirement to hire from within), provide more flexibility in hiring from outside existing applicant pools, aggressively compete with the private sector for highly skilled minority professionals, provide financial incentives and resources to assist in recruitment and to reward individuals who hire minorities, provide a sustained institutional commitment to the desired EEO outcome, and change behaviors and attitudes of individuals involved in the selection process.

*Action Step*

- OS should retain a contractor to develop and implement the demonstration program for implementing an alternative merit selection system.

**Recommendation 5: HHS should develop a human resources Intranet designed to share resources and enhance HHS diversity efforts.**

A critical mass of individuals is needed to ensure diversity, cultural competence, and cultural sensitivity throughout the recruitment and retention process. Developing a centralized resource for sharing resources is needed to increase access to diverse individuals and ensure better representation and availability of Hispanics/Latinos in the recruitment and selection of Federal employees. Ways to increase diverse representation on panels include offering access to subject matter experts across the Department and using detail mechanisms to provide needed interagency resources.

**Recommendation 6: HHS should ensure that all vacancy announcements and other employment opportunities are posted on a central Web page.**

HHS will be able to increase access to highly skilled Hispanics/Latinos by creating a critical mass network to facilitate all human resource efforts.

**Summary**

The work group suggested several approaches to overcoming major barriers to developing a Hispanic/Latino workforce. Financial barriers are addressed by recommendations to provide funding for recruitment bonuses, loan forgiveness programs, and other incentives and rewards for promoting diversity within the workforce. The need for accountability is reflected in recommendations to mandate diversity in all recruitment and retention and management panels and to hold managers and EEO personnel and managers accountable for diversity issues during annual appraisals. Barriers posed by the existing Federal recruitment and retention process are addressed by recommendations to use temporary, noncompetitive, and contract employees more effectively; establish a demonstration program to implement an alternative merit selection system that will address current practices and policies that limit diversity; and develop information resources such as an intranet and centralized Web pages that disseminate information about employment opportunities within HHS.



## Work Group VII: Data and Policy Implications

### Introduction

Health-related data collection and analysis are the fundamental basis for determining both the health status of the Hispanic/Latino population and the adequacy of HHS health service delivery systems. However, HAA reported a paucity of adequate health and human services data collection systems on Hispanic/Latino Americans, and the problem of inadequate data on minorities is a continuing challenge to HHS. An inclusive data collection program to address Hispanic/Latino community needs should encompass information on demographics, surveillance, morbidity and mortality statistics, clinical trials and research programs, and recruitment. The program also should include standardization of data within HHS, data integration, and tracking and monitoring systems.

Recommendations for improving data collection and analysis systems follow a continuum ranging from generic or systemic overhaul to the implementation of tailored, program-specific steps. Generic changes may include alterations in hardware and software, reprogramming of computer-based analytic tools, or redefining race and ethnicity data requirements. Specific changes may include modifications in methods for collecting and analyzing data germane to health concern areas for Hispanic/Latino communities. Such data could address issues such as immunization for infectious disease; regular screening (e.g., Pap smears, mammograms, and screening for prostate cancer); examination of ethnicity (genetic) versus cultural assimilation factors; prevalence statistics for diabetes, HIV/AIDS, and asthma; and assessment of infant mortality and birth outcomes.

Plenary speaker Olivia Carter-Pokras, Ph.D. described landmarks in Hispanic/Latino data collection. For example, the 1976 Public Law 93-311 requires collection and publication of statistics on Americans of Spanish descent or origin; Office of Management and Budget (OMB) Directive No. 15 defines Federal standards for racial and ethnic data; the Hispanic Health and Nutrition Examination Survey (HHANES) was initiated in 1982-1984; and the HHS inclusion policy and revision of Federal standards were issued in 1997.

The work group on Hispanic/Latino data considered ways to ensure that adequate data on race and ethnicity are collected in all HHS agencies; collect and report data in a standardized manner; address major health data gaps for the Hispanic/Latino population; improve data analysis and dissemination; and collect service, financing, and language use data to help identify problems and barriers faced by Hispanic/Latino customers trying to access health services.

### *Recommendation 1*

*Develop internal strategic planning and training and education programs on the role of data collection and analysis in fulfilling HHS' mission.*

### *Recommendation 2*

*Improve data collection methods with a particular emphasis on recruitment activities and subgroup populations. Include culturally and linguistically competent data management specialists in planning meetings for form and survey instrument design.*

### *Recommendation 3*

*Ensure the high quality of data analysis, interpretation, and dissemination. Develop standardized interface protocols for Federal data collection systems. Develop integrated data systems with standardized definitions for data fields.*

## Gaps and Needs

The primary data-related deficiencies identified by the work group included the need to:

- Collect data on underserved populations
- Collect subgroup data and recruitment data
- Include Hispanic/Latino representation on the decision-making and data interpretation levels in data collection and processing agencies.

Language and cultural impediments, both within HHS and in affected Hispanic/Latino populations, also were identified as barriers that must be overcome to ensure achievement of HAA objectives.

## Recommendations

The work group developed the following recommendations and action steps to address gaps and improve Hispanic/Latino data collection.

### **Recommendation 1: Develop internal strategic planning and training and education programs on the role of data collection and analysis in fulfilling HHS' mission.**

The work group recognized that the most effective means of improving the coordination and integration of data and policy objectives lay in improved strategic planning and in-house education programs. Thus, important action steps were offered to develop internal strategic planning and training and education programs to ensure that senior managers and resource planners fully understand the critical role of data collection and analysis in fulfilling HHS' mission. The target audience for this recommendation is HHS resource and budget allocation decision-makers.

### *Action Steps*

- Assign and implement an executive and midlevel planning and education program for all agency heads and senior budget managers about the importance and inclusion of resources for data collection as part of the agency's annual planning and budgeting process. This planning and education program should include a review of data collection goals and measures of success of related programs. This program should begin October 1, 1999, and be an annual process.
- Provide TA, training, models, and templates to establish methods and procedures to achieve recommendations.
- Monitor and evaluate results. Ensure that a monitoring mechanism is included in the planning process and that frequent reports are generated.

**Recommendation 2: Improve data collection methods with a particular emphasis on recruitment activities and subgroup populations. Include culturally and linguistically competent data management specialists in planning meetings for form and survey instrument design.**

The work group suggested that data collection on recruitment activities and subgroup populations would be facilitated by a Department policy to collect data related to applicants for Department jobs, benefits, and programs. The recommendation to include culturally competent data management specialists in survey instrument design is intended to help maintain the integrity of data, ensure use of full data sets for Hispanic populations, and ensure data validity.

*Action Steps*

- Set aside FTE personnel slots for data collection and analysis.
- Require bilingual capability for positions interacting with people who speak other languages.
- Supplement existing surveys or develop specialized survey instruments that reach racial/ethnic minority subgroups in different parts of the country and involve those affected populations in designing the survey.
- Monitor compliance with HHS policy on language barriers to accessing department services.

**Recommendation 3: Ensure the high quality of data analysis, interpretation, and dissemination. Develop standardized interface protocols for Federal data collection systems. Develop integrated data systems with standardized definitions for data fields.**

Because of the large number of data systems within HHS, the work group was concerned with the ability of these systems to communicate with each other, to transfer data effectively, and to share data. To ensure a high quality of data analysis, interpretation, and dissemination, the work group recommended that HHS develop standardized interface protocols for Federal data collection systems and that it develop integrated data systems with standardized definitions for data fields.

*Action Steps*

- Involve the Hispanic/Latino community in data collection efforts to the extent possible and disseminate collected data to the affected groups.
- Conduct feasibility studies to determine what staff resources are needed to accomplish data analysis, interpretation, and dissemination.
- Give senior HHS managers all the necessary information tools needed to help them decide whether external recruitment or contractor support is needed.

### **Summary**

These recommendations focus on ways to address key gaps in the collection of Hispanic/Latino data. Recommendations to facilitate the coordination and integration of data within HHS include the development of standardized interface protocols and definitions for data fields. Recommended training and education programs for HHS resource and budget allocation decision-makers are intended to address the need for funding by acquainting midlevel and higher level staff members with the importance of data collection. The work group also addressed concerns about the participation of target populations. The work group recommended including culturally and linguistically competent data management specialists in planning and design, developing specialized survey instruments that reach subgroups in different parts of the country, and providing feedback on collected data to Hispanic/Latino communities.



## Work Group VIII: A Hispanic/Latino Research Agenda

### Introduction

Although the Hispanic/Latino population has increased at a faster rate than many other immigrant populations, efforts by government, academic, and private organizations to include Hispanics/Latinos in ongoing or new research efforts are still inadequate. HAA noted that Hispanic/Latino involvement in research, as investigators and participants, is essential to improving clinical and public health practice as well as the delivery of effective health care services. Research protocols that do not include Hispanics/Latinos in the planning and conduct of studies and as research subjects may inadvertently create biases in clinical research protocols or in delivery systems.

Plenary speaker Robert O. Valdez, Ph.D., described the Inter-University Program for Latino Research (IUPLR), a consortium of 14 Latino research centers that facilitate the availability of policy-relevant, Latino-focused research. The IUPLR's health working group suggested that a Hispanic/Latino research agenda should include research on cultural beliefs and practices, welfare reform and managed care in Hispanic/Latino communities, translation strategies, nonfinancial barriers to accessing care, prevention strategies that motivate behavior change, and culturally appropriate and affordable drug treatment programs.

At the conference on Improving Hispanic/Latino Customer Service, the work group on a Hispanic research agenda was tasked with developing recommendations to encourage the participation of Hispanics/Latinos, both as investigators and research subjects, in health and human services studies, clinical trials, demonstration grants, and evaluation studies. The work group verified the existence of several different ongoing efforts to support a Hispanic/Latino research agenda, including training programs, grant support, researcher support, community-based research, community involvement in the research planning and grant review process, assistance in recruitment efforts, and the practical application of research findings.

### Gaps and Needs

Despite these ongoing efforts, the work group identified the need for more Hispanic/Latino participation at all levels and at various intervals in the research process. This involvement not only would be useful in the collection of more data on the Hispanic/Latino population but also would result in improved data collection methods that would enhance the relevance and accuracy of the information gathered. The development of comprehensive initiatives, budgetary tracking mechanisms, performance measures, and, most important, an obvious top-level commitment at HHS to the development of a Hispanic/Latino research agenda could facilitate the involvement of Hispanics/Latinos in the research process.

### *Recommendation 1*

*Develop, design, and implement accountability procedures in research.*

### *Recommendation 2*

*Develop methods for culturally sensitive research and recognize that culture is a paramount variable in human research.*

### *Recommendation 3*

*Evaluate existing HHS research infrastructure in relation to culturally relevant issues and communication mechanisms.*

## **Recommendations**

To address these issues, the work group proposed several recommendations. The recommendations and action steps focus on the development of and adherence to accountability procedures, culturally sensitive research protocols, and a culturally appropriate research infrastructure.

### **Recommendation 1: Develop, design, and implement accountability procedures in research.**

The need for improved accountability procedures was one of the most important issues for the work group. The absence of such procedures was perceived as being responsible for much mistrust and lack of enthusiasm among Hispanics/Latinos within the Government and community organizations. There was a clear message of the need for a central focal point for accountability at the inter-agency, intra-agency, and external-agency levels that sets goals and measures accomplishments. The group suggested the use of a GPRA framework for the Hispanic/Latino research community and adherence to the recommendations set forth in the TODOS report.

#### *Action Steps*

- Implement short- and long-term performance indicators for Hispanic/Latino research planning and budgeting.
- Align TODOS recommendations with GPRA performance objectives in annual plans and reports.
- Ensure input into GPRA performance plans and reports from Hispanic research organizations.
- Ensure that OMH works with the Assistant Secretary of Management and Budget to make certain the implementation of TODOS in GPRA performance plans and reports.

### **Recommendation 2: Develop methods for culturally sensitive research and recognize that culture is a paramount variable in human research.**

The participation of Hispanic/Latino researchers and research subjects was considered paramount to the development of an appropriate Hispanic/Latino research agenda. Currently, the research questions and design are not based on qualitative research that reflects the Hispanic/Latino culture. Often the methodology used for collection of data from this population is not appropriate and thus will not yield the most fruitful results.

#### *Action Steps*

- Identify current efforts within HHS that are focused on culturally relevant research to develop benchmarks and best practices.

- Set aside \$100 million for Hispanic research. Ensure that culturally relevant individuals participate at all levels of the research process.

**Recommendation 3: Evaluate existing HHS research infrastructure in relation to culturally relevant issues and communication mechanisms.**

According to the work group, HHS lacks an appropriate and culturally relevant research infrastructure. One missing piece is a system to track the amount of money spent on Hispanic/Latino issues. Although data are collected on the race and ethnicity of populations being studied, there is a paucity of data and no way to track the amount of dollars spent on data about the Hispanic/Latino populations. The work group focused on the development of an infrastructure that would include Hispanics/Latinos in the determination of funding priorities.

***Action Steps***

- Develop a brochure in the style of MEDLINE that includes dollar amounts for agencies' Hispanic/Latino research and public health projects.
- For each HHS agency, have the Deputy Director implement a tracking system of HAA's nine points and provide feedback to all units contributing information.

**Summary**

The three recommendations reflect the work group's consensus that much work has already been done to develop processes to enhance a Hispanic/Latino research agenda. However, no accountability procedures have yet been instituted to ensure the implementation of these processes. To achieve the outcome of increased involvement of Hispanics/Latinos in research planning, design and implementation, and performance measures, HHS agencies and units must develop and use tracking systems and review procedures that reflect the need for cultural sensitivity.



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## Conclusion

At the 2-day conference, 226 participants worked diligently to develop recommendations and action steps in eight identified HAA crosscutting areas. These recommendations will be used as a “road map” to further enhance HHS’ capacity to serve the health and human services needs of Hispanic/Latino Americans and to continue its efforts to implement HAA. In addition, the recommendations developed at the conference will be disseminated to the HAA Steering Committee, DMICC, and OPDIV and StaffDiv heads for specific followup action.



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## **Conference Sponsors**

Assistant Secretary for Management and Budget, Office of the Secretary

Assistant Secretary for Planning and Evaluation, Office of the Secretary

Centers for Disease Control and Prevention

National Institutes of Health

Office of Minority Health, Office of Public Health and Science





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## Planning Committee

Carlos Caban  
Director  
Division of Research, Program Training, and  
Review Policy  
Office of External Research  
National Institutes of Health

Omar Guerrero, J.D.  
Deputy Director  
Office for Civil Rights  
U.S. Department of Health and Human Services

DeLoris L-James Hunter, Ph.D.  
Associate Administrator  
Office of Minority Health  
Substance Abuse and Mental Health Services  
Administration

Donald L. Inniss  
Director  
Office of Equal Employment Opportunity  
Health Resources Service

Paul L. Johnson, Ph.D.  
Senior Planning/Evaluation Analyst  
Office of Program Systems  
Office of the Assistant Secretary for Planning and  
Evaluation

Rebeca Lee-Pethel, M.P.A.  
Program Analyst  
Division of Cancer Prevention and Control  
National Center for Chronic Disease Prevention and  
Health Promotion  
Centers for Disease Control and Prevention

Yvonne H. Lewis  
Minority Health Program Specialist  
Office of Minority Health  
Centers for Disease Control and Prevention

Carl Montoya  
Special Assistant  
Office of the Commissioner  
Administration on Children, Youth and Families  
Administration for Children and Families

Rosa N. Morales, M.S.W.  
Deputy Director  
Office of Equal Employment and Civil Rights  
U.S. Food and Drug Administration

Guadalupe Pacheco, M.S.W.  
Special Assistant to the Director  
Office of Minority Health  
Office of Public Health and Science

Laura Diaz Shepherd  
Public Health Analyst  
Office of Minority Health  
Office of the Administrator  
Health Resources and Services Administration



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# Agenda

## Wednesday, January 13, 1999

7:30 - 8:30      **Registration and Refreshments**

8:30 - 10:30    **Opening Session**  
Ballroom C

**Master of Ceremonies**  
*C. Godfrey Jacobs*  
Project Director, IQ Solutions, Inc.

**Welcoming Remarks**  
*Captain Twei Doong*  
Deputy Director, Office of Minority Health

*Nicole Lurie, M.D.*  
Principal Deputy Assistant Secretary for Health  
Office of Public Health and Science

*Kevin Thurm*  
Deputy Secretary  
U.S. Department of Health and Human Services

**Hispanics-Changing America's Landscape: How Will Government  
Respond Now and in the Future?**  
*David E. Hayes-Bautista, Ph.D.*  
Director, Center for the Study of Latino Health  
University of California - Los Angeles

**Historical Perspective of the Hispanic Agenda for Action**  
*Guadalupe Pacheco, M.S.W*  
Special Assistant to the Director, Office of Minority Health

10:30 - 10:45    **BREAK**

10:45 - 12:00   **Plenary Session I**  
Ballroom C

Communication Strategies To Reach Hispanic Customers  
*Carlos A. Ugarte, M.S.P.H.*  
*Coordinator, Hispanic Communications Initiative*  
*National Institutes of Health*

Developing External Partnerships With the Hispanic Community  
*Richard E. Spencer, Jr.*  
*Associate Director*  
*Ohio Commission on Minority Health*

Developing Internal Collaborations To Serve Hispanic Customers

*Richard Walling*

*Director, Office of the Americas and the Middle East*

*Office of International Refugee Health*

Establishing Partnerships With Hispanic-Serving Institutions

*Hector Garza, Ed.D.*

*Vice President, American Council on Education*

12:00 - 1:30

**LUNCH**

Ballroom B

**White House Initiative on Educational Excellence for Hispanic Americans**

*Sarita E. Brown, M.A.*

*Executive Director, White House Initiative on Educational Excellence  
for Hispanic Americans*

1:30 - 3:00

**Plenary Session II**

Ballroom C

Providing Culturally Competent Services to Hispanic Customers

*Frank Meza, M.D., M. P. H.*

*Kaiser Permanente Medical Center, East Los Angeles*

Developing a Hispanic Workforce

*William C. Parra, M.S.*

*Deputy Director, National Center for Environmental Health*

*Centers for Disease Control and Prevention*

Hispanic Data Program and Policy Implications

*Olivia Carter-Pokras, Ph.D.*

*Director, Division of Policy and Data*

*Office of Minority Health*

A Hispanic Research Agenda

*Robert O. Valdez, Ph. D.*

*Professor, Health Policy and Management*

*Interuniversity Program for Latino Research*

3:00 - 3:15

**BREAK**

3:15 - 4:45

**Interactive Session I: Assessing the Current Implementation Status  
of the Hispanic Agenda for Action**

(Note: Please attend assigned sessions.)

Communication Strategies To Reach Hispanic Customers

*McLean-Main Level*

*Karen Yanagisako, M.P.H., Facilitator, IQ Solutions, Inc.*

Developing External Partnerships With the Hispanic Community

*Fairfax-Main Level*

*Robbie L. Hayes, M.S., Facilitator, IQ Solutions, Inc.*

Developing Internal Collaborations To Serve Hispanic Customers

*Lee-Main Level*

*Michael B. Dunham, Facilitator, IQ Solutions, Inc.*

Establishing Partnerships With Hispanic-Serving Institutions

*Jackson-Main Level*

*Julio Fonseca, Facilitator, IQ Solutions, Inc.*

Providing Culturally Competent Services to Hispanic Customers

*Sully A-Lower Level*

*Susan M. Gallego, M.S.S.W., Facilitator, IQ Solutions, Inc.*

Developing a Hispanic Workforce

*Sully B-Lower Level*

*Jose A. Rivera, J.D., Facilitator, IQ Solutions, Inc.*

Hispanic Data Program and Policy Implications

*Mount Vernon-Lower Level*

*Iris HeavyRunner, Facilitator, IQ Solutions, Inc.*

A Hispanic Research Agenda

*Greensprings-Lower Level*

*Flavia R. Walton, Ph.D., Facilitator, IQ Solutions, Inc.*

4:45 - 5:00

**Daily Meeting Summary and Recess**

Ballroom C

**Thursday, January 14, 1999**

- 8:00 - 8:30      Refreshments
- 8:30 - 9:00      Meeting Review/Preview and Opening Remarks  
Ballroom B
- Captain Twei Doong*  
Deputy Director, Office of Minority Health
- 9:00 - 9:45      Plenary Session III  
Ballroom B
- Customer-Driven Services  
                    *Luis Vasquez-Ajmac*  
                    President, Maya Advertising and Communications
- 9:45 - 12:00     Interactive Session II: Roles, Responsibilities, and Outcomes
- Communication Strategies To Reach Hispanic Customers  
                    Ballroom B
- Developing External Partnerships With the Hispanic Community  
                    Fairfax-Main Level
- Developing Internal Collaborations To Serve Hispanic Customers  
                    Lec-Main Level
- Establishing Partnerships With Hispanic-Serving Institutions  
                    Jackson-Main Level
- Providing Culturally Competent Services to Hispanic Customers  
                    Sully A-Lower Level
- Developing a Hispanic Workforce  
                    Sully B-Lower Level
- Hispanic Data Program and Policy Implications  
                    Mount Vernon-Lower Level
- A Hispanic Research Agenda  
                    Greensprings-Lower Level

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12:00 - 1:30	<b>LUNCH</b> Ballroom A  <b>Improving Latino/Hispanic Customer Service—Looking to the 21st Century</b> <i>Patricia Montoya, M.A.</i> Commissioner, Administration for Children and Families
1:30 - 2:45	<b>Interactive Session Reports</b> Ballroom B
2:45 - 3:00	<b>Meeting Summary and Closing Remarks</b> <i>Captain Tuei Dooug</i> Deputy Director, Office of Minority Health
3:00	<b>ADJOURNMENT</b>





## Participant List

### Speakers

Sarita E. Brown, M.A.  
Executive Director  
White House Initiative on Educational Excellence for  
Hispanic Americans  
400 Maryland Avenue, S.W., Room 5E 110  
Washington, DC 20202  
**Phone:** (202) 401-1411  
**Fax:** (202) 401-8377

Olivia Carter-Pokras, Ph.D.  
Director  
Division of Policy and Data  
Office of Minority Health  
U.S. Department of Health and Human Services  
5515 Security Lane, Room 1000  
Rockville, MD 20852  
**Phone:** (301) 443-9923  
**Fax:** (301) 443-8280  
**E-Mail:** ocarter@osophs.dhhs.gov

Tuei Doong  
Deputy Director  
Office of Minority Health  
U.S. Department of Health and Human Services  
Rockwall II Building, Suite 1000  
5515 Security Lane  
Rockville, MD 20852  
**Phone:** (301) 443-5084  
**Fax:** (301) 594-0767  
**E-Mail:** tdoong@osophs.dhhs.gov

Hector Garza, Ed.D.  
Vice President  
Division of Access and Equity Programs  
American Council on Education  
One Dupont Circle, N.W., Suite 800  
Washington, DC 20036  
**Phone:** (202) 939-9395  
**Fax:** (202) 785-8056  
**E-Mail:** hector\_garza@ace.nche.edu

David E. Hayes-Bautista, Ph.D.  
Professor of Medicine and Director  
Center for the Study of Latino Health  
University of California - Los Angeles  
School of Medicine  
10911 Weyburn Avenue, Suite 333  
Los Angeles, CA 90024  
**Phone:** (310) 794-0663  
**Fax:** (310) 794-2862  
**E-Mail:** dhayesb@ucla.edu

Frank Meza, M.D., M.P.H.  
Kaiser Permanente Medical Center  
East Los Angeles  
5220 Telford  
Los Angeles, CA 90022  
**Phone:** (213) 881-5511  
**Fax:** (213) 881-5502  
**E-Mail:** frank.x.meza@kp.org

Patricia Montoya, M.A.  
Commissioner  
Administration on Children, Youth and Families  
Administration for Children and Families  
330 C Street, S.W., Room 2134  
Washington, DC 20201  
**Phone:** (202) 205-8347  
**Fax:** (202) 205-8347  
**E-Mail:** patmontoya@acyf.oc

Guadalupe Pacheco, M.S.W.  
Special Assistant to the Director  
Office of Minority Health  
Office of Public Health and Science  
U.S. Department of Health and Human Services  
Rockwall II Building, Suite 1000  
5515 Security Lane  
Rockville, MD 20052  
**Phone:** (301) 443-5084  
**Fax:** (301) 594-0767  
**E-Mail:** gpacheco@osophs.dhhs.gov

Rebecca Lee-Pethel, M.P.A.  
Program Analyst  
Division of Cancer Prevention and Control  
National Center for Chronic Disease Prevention and  
Health Promotion  
Centers for Disease Control and Prevention  
4770 Buford Highway, N.E., MS K-57  
Atlanta, GA 30341  
**Phone:** (770) 488-3070  
**Fax:** (770) 488-3230  
**E-Mail:** rxl8@cdc.gov

Richard E. Spencer, Jr.  
Associate Director  
Ohio Commission on Minority Health  
77 South High Street, 7th Floor  
Vern Risse Government Center  
Columbus, OH 43215  
**Phone:** (614) 466-4000  
**Fax:** (614) 752-9049

Kevin Thurm  
Deputy Secretary  
Office of the Secretary  
U.S. Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, S.W., Room 610 F  
Washington, DC 20201  
**Phone:** (202) 690-6133  
**Fax:** (202) 690-7203  
**E-Mail:** kthurm@os.dhhs.gov

Carlos A. Ugarte, M.S.P.H.  
Coordinator  
Hispanic Communications Initiative  
National Institutes of Health  
Building 31, Room 2B-19  
9000 Rockville Pike  
Bethesda, MD 20857  
**Phone:** (301) 496-8856  
**Fax:** (301) 496-8814  
**E-Mail:** ugartec@od.nih.gov

Robert O. Valdez, Ph.D.  
Professor  
Health Policy and Management  
Interuniversity Program for Latino Research  
UCLA School of Public Health  
1614 Montmorency Drive  
Vienna, VA 22182  
**Phone:** (202) 357-4328  
**Fax:** (202) 786-2210  
**E-Mail:** rvaldez@ucla.edu

Luis Vasquez-Ajmac  
President  
Maya Advertising and Communications  
1518 K Street, N.W., Suite 310  
Washington, DC 20005  
**Phone:** (202) 393-3370  
**Fax:** (202) 393-3373  
**E-Mail:** luamaya@aol.com

Richard Walling  
Director  
Office of the Americas and the Middle East  
Office of International Refugee Health  
Parklawn Building, Room 18-44  
5600 Fishers Lane  
Rockville, MD 20857  
**Phone:** (301) 443-4010  
**Fax:** (301) 443-4549  
**E-Mail:** rwalling@osophs.dhhs.gov

**Facilitators**

Michael Dunham  
Facilitator

IQ Solutions, Inc.  
11300 Rockville Pike, Suite 801  
Rockville, MD 20852

**Phone:** (301) 984-1471

**Fax:** (301) 984-1473

**E-Mail:** mdunham@iqsolutions.com

Julio Fonseca, Ph.D.

Director

Center for Personal Development

Full Professor

University of the Sacred Heart

P.O. Box 12383

San Juan, PR 00914-0983

**Phone:** (787) 728-1515

**Fax:** (787) 728-1515, ext. 6245

**E-Mail:** docfonsi@caribe.net

Susan M. Gallego, M.S.S.W., L.M.S.W.-A.C.P.

Consultant

106 Timber Ridge

Austin, TX 78733

**Phone:** (512) 263-5480

**Fax:** (512) 263-8232

**E-Mail:** smgall@aol.com

Robbie L. Hayes, M.S.

Consultant

Goodhope Townhouses, #G-8

St. Croix, USVI 00840

**Phone:** (340) 778-2324

**E-Mail:** rlhayes8@aol.com

Iris HeavyRunner, M.S.W.

Adjunct Professor

University of Montana

1909 Jardine Court

Missoula, MT 59801

**Phone:** (406) 243-5092

**Fax:** (406) 327-0907

**E-Mail:** irisrun@aol.com

Jose A. Rivera, J.D.

President & CEO

Rivera, Sierra & Claymore, Inc.

32 Court Street, Suite 1200

Brooklyn, NY 11201-4440

**Phone:** (718) 858-0066

**Fax:** (718) 858-0040

**E-Mail:** jrivera@rivera-associates.com

Flavia R. Walton, Ph.D.

Consultant

106 Swan Creek Road

Fort Washington, MD 20744

**Phone:** (301) 292-1906

**Fax:** (301) 203-0788

**E-Mail:** fwalton2@primanet.com

Karen Yanagisako, M.P.H.

Consultant

163-A Santa Rosa Avenue

Oakland, CA 94610

**Phone:** (510) 653-1956

**Fax:** (510) 653-6701

**E-Mail:** klyanagi@tdl.com

## Participants

Linda J. Adams

Manager

Office of Equal Employment Opportunity  
National Center for Health Statistics  
Centers for Disease Control and Prevention  
6525 Belcrest Road, Room 700  
Hyattsville, MD 20782

**Phone:** (301) 436-7045

**Fax:** (301) 436-3852

**E-Mail:** lca9@cdc.gov

Lorena Ahumada

Congressional Liaison

Office of the Assistant Secretary for Legislation  
Office of the Secretary  
U.S. Department of Health and Human Services  
Hubert H. Humphrey Building, Room 406G.4  
200 Independence Avenue, S.W.  
Washington, DC 20201

**Phone:** (202) 690-6786

**Fax:** (202) 690-5361

**E-Mail:** lahumada@os.dhhs.gov

Carol Almeida

Budget Analyst

National Human Genome Research Institute  
National Institutes of Health  
31 Center Drive, Building 31, Room 4B-19  
Bethesda, MD 20892

**Phone:** (301) 402-4571

**Fax:** (301) 402-4570

**E-Mail:** carola@exchange.nih.gov

Matilde M. Alvarado, R.N., M.S.N.

Coordinator

Minority Program Education and Outreach Activities  
Office of Prevention, Education, and Control  
National Heart, Lung, and Blood Institute  
National Institutes of Health  
31 Center Drive, MSC 2480, Room 4A16  
Bethesda, MD 20892-2480

**Phone:** (301) 496-1051

**Fax:** (301) 402-1051

**E-Mail:** alvaradm@gwgate.nhlbi.nih.gov

R. Miguel Amaguaña

Microbiologist

Center of Food Safety and Applied Nutrition  
Food and Drug Administration  
U.S. Department of Health and Human Services  
200 C Street, S.W., HFS-516  
Washington, DC 20204

**Phone:** (202) 205-4002

**Fax:** (202) 401-7740

**E-Mail:** mra@cfsan.fda.gov

Cynthia Amis, M.S.W., M.P.H.

Director of Program Operations

Office of the Secretary  
Office of Public Health and Science  
Office of Minority Health  
5515 Security Lane, Suite 1000  
Rockville, MD 20852

**Phone:** (301) 594-0769

**Fax:** (301) 443-5655

**E-Mail:** camis@sophs.dhhs.gov

Ana Anders, M.S.W.

Senior Advisor on Special Populations

Office of the Director  
National Institute on Drug Abuse  
5600 Fishers Lane, Room 10A38  
Rockville, MD 20857

**Phone:** (301) 443-9982

**Fax:** (301) 480-8179

**E-Mail:** aa96o@nih.gov

Bernard S. Arons, M.D.

Director

Center for Mental Health Services  
Substance Abuse and Mental Health Services  
Administration  
5600 Fishers Lane, Room 15-105  
Rockville, MD 20857

**Phone:** (301) 443-0001

**Fax:** (301) 443-1563

Rebecca Ashery, D.S.W.  
Deputy Director  
Secretary's Initiative on Youth Substance Abuse  
Prevention  
Center for Substance Abuse Prevention  
Substance Abuse and Mental Health Services  
Administration  
Rockwall II, Room 940  
5600 Fishers Lane  
Rockville, MD 20857  
**Phone:** (301) 443-1845  
**Fax:** (301) 443-7072  
**E-Mail:** rashery@samhsa.gov

Lonn Aussicker, M.A.  
Project Officer  
Center for Substance Abuse Treatment  
Substance Abuse and Mental Health Services  
Administration  
Rockwall II, Eighth Floor  
5515 Security Lane  
Rockville, MD 20857  
**Phone:** (301) 443-4017  
**Fax:** (301) 443-8345  
**E-Mail:** laussick@samhsa.gov

Lisa M. Ayoub  
Personnel Staffing Specialist  
Office of Human Resources and Development  
Health Resources and Services Administration  
Parklawn Building, Room 14A-46  
5600 Fishers Lane  
Rockville, MD 20857  
**Phone:** (301) 443-3834  
**Fax:** (301) 443-2682  
**E-Mail:** layoub@hrsa.dhhs.gov

Joseph Baldi, M.A.  
Director  
Border Health Program  
Division of Programs for Special Populations  
Bureau of Primary Health Care  
Health Resources and Services Administration  
4350 East-West Highway, Room 9-6D2  
Bethesda, MD 20814  
**Phone:** (301) 594-4897  
**Fax:** (301) 594-2470  
**E-Mail:** jbaldi@hrsa.dhhs.gov

Tyrone Banks  
Program Analyst  
Office of Administrative Management  
National Heart, Lung, and Blood Institute  
National Institutes of Health  
Building 31, Room 4A-33  
31 Center Drive, MSC 2490  
Bethesda, MD 20892-2490  
**Phone:** (301) 594-2804  
**Fax:** (301) 402-2322  
**E-Mail:** bankst@gwgate.nhlbi.nih.gov

Ricardo Barba  
8390 Capwell Drive  
Oakland, CA 94621  
**Phone:** (510) 568-6166  
**Fax:** (510) 568-6723

Ann Barbagallo  
Branch Chief  
Office of Family Assistance  
Administration for Children and Families  
370 L'Enfant Promenade, S.W.  
Washington, DC 20447  
**Phone:** (202) 401-5139  
**Fax:** (202) 205-5887

Karen M. Basnight  
Equal Employment Opportunity Manager  
Office of the Director  
National Institute of General Medical Sciences  
National Institutes of Health  
45 Center Drive, Room 3AS55, MSC 6200  
Bethesda, MD 20892-6200  
**Phone:** (301) 594-2751  
**Fax:** (301) 594-3017  
**E-Mail:** kb25t@nih.gov

Dolores Beebe, M.S.I.R.  
Director  
Division of Recruitment and Staffing  
Office of Human Resources and Management Services  
U.S. Food and Drug Administration  
5600 Fishers Lane, Room 4B-44, HFA-407  
Rockville, MD 20857  
**Phone:** (301) 827-4082  
**Fax:** (301) 594-0694  
**E-Mail:** dbeebe@oc.fda.gov

Jill Beklik  
Personnel Management Specialist  
National Heart, Lung, and Blood Institute  
National Institutes of Health  
Building 31, Room 5A28  
31 Center Drive, MSC 2484  
Bethesda, MD 20892  
**Phone:** (301) 496-6477  
**Fax:** (301) 480-0418  
**E-Mail:** beklikj@gwgate.nhlbi.nih.gov

Margaret I. Bell  
Equal Employment Opportunity Manager  
Center for Drug Evaluation and Research  
U.S. Food and Drug Administration  
5600 Fishers Lane, HFD-008  
Rockville, MD 20853  
**Phone:** (301) 594-6645  
**Fax:** (301) 443-0432  
**E-Mail:** bellm@cder.fda.gov

Sara L. Benesch  
Personnel Officer  
National Institute of Mental Health  
National Institutes of Health  
Parklawn Building, Room 7C-15  
5600 Fishers Lane  
Rockville, MD 20857  
**Phone:** (301) 443-9094  
**Fax:** (301) 443-1401  
**E-Mail:** sbenesch@nih.gov

Barbara Binker  
Policy Director  
Child Care Bureau  
Administration on Children, Youth and Families  
Administration for Children and Families  
330 C Street, S.W.  
Washington, DC 20204  
**Phone:** (202) 401-5145  
**Fax:** (202) 690-5600  
**E-Mail:** bbinker@acf.dhhs.gov

Aaron C. Blight  
EEO Specialist  
Health Care Financing Administration  
7500 Security Boulevard, Room N2-22-14  
Baltimore, MD 21244  
**Phone:** (410) 786-9560  
**Fax:** (410) 786-9549  
**E-Mail:** ablight@hcfa.gov

Kathleen Blume  
Analyst  
Center for Medicaid and State Operations  
Health Care Financing Administration  
7500 Security Boulevard, S3-13-15  
Baltimore, MD 21244-1250  
**Phone:** (410) 786-3241  
**Fax:** (410) 786-1008  
**E-Mail:** kblume@hcfa.gov

Annie E. Boston  
Partners Team Leader  
Region V  
Administration for Children and Families  
105 West Adams Street, 20th Floor  
Chicago, IL 60603  
**Phone:** (312) 353-6594  
**Fax:** (312) 353-2204

Scott Boule, M.P.P.  
PMI  
Office of the Administrator  
Health Resources and Services Administration  
Parklawn Building, Room 14-05  
5600 Fishers Lane  
Rockville, MD 20857  
**Phone:** (202) 205-8497  
**Fax:** (202) 205-8384  
**E-Mail:** sboule@hrsa.dhhs.gov

Marcia Brand, Ph.D.  
Special Assistant to the Administrator  
Office of the Administrator  
Health Resources and Services Administration  
Parklawn Building, Room 14-05  
5600 Fishers Lane  
Rockville, MD 20857  
**Phone:** (301) 443-4619  
**Fax:** (301) 443-1246  
**E-Mail:** mbrand@hrsa.dhhs.gov

Mary D. Brewington  
Public Health Analyst  
Public Health Practice Program Office  
Centers for Disease Control and Prevention  
Williams Building, Kroger Center  
4770 Buford Highway, MS K-36  
Atlanta, GA 30341-3724  
**Phone:** (770) 488-2493  
**Fax:** (770) 488-2420  
**E-Mail:** mdb2@cdc.gov

Mildred Brooks-McDow, M.S.W., L.I.C.S.W.  
Public Health Advisor  
State and Community System Developments  
Center for Mental Health Services  
Substance Abuse and Mental Health Services  
Administration  
5600 Fishers Lane, Room 15C-26  
Rockville, MD 20857  
**Phone:** (301) 443-7714  
**Fax:** (301) 594-0091  
**E-Mail:** mbrooks@samhsa.gov

Christina Bruce  
Director  
Office of Diversity and Employment Programs  
National Cancer Institute  
Building 31, Room 3A34  
31 Center Drive  
Bethesda, MD 20892  
**Phone:** (301) 435-8524  
**Fax:** (301) 402-3509  
**E-Mail:** brucec@od.nci.nih.gov

Georgia S. Buggs, R.N., M.P.H.  
Special Assistant  
Office of Minority Health  
U.S. Department of Health and Human Services  
Rockwall II Building, Suite 1000  
5600 Fishers Lane  
Rockville, MD 20857  
**Phone:** (301) 443-5084  
**Fax:** (301) 594-0767

Laurie Bullman  
Business Service Manager  
Division of Support Services  
Office of Research Services  
National Institutes of Health  
301 North Stonestreet Avenue  
Rockville, MD 20850  
**Phone:** (301) 496-0480  
**Fax:** (301) 402-1364  
**E-Mail:** bullmanl@ors.od.nih.gov

Amy Burns  
Special Assistant to the Director  
Office of International and Refugee Health  
Office of the Americas and the Middle East  
U.S. Department of Health and Human Services  
5600 Fisher Lane, Room 18-44  
Rockville, MD 20857  
**Phone:** (301) 443-7289  
**Fax:** (301) 443-4541  
**E-Mail:** aburns@osophs.dhhs.gov

Sharrell Butler  
Diversity Project Manager  
National Institute of Dental and Craniofacial Research  
National Institutes of Health  
Bethesda, MD 20892  
**Phone:** (301) 402-7590  
**Fax:** (301) 435-2901

Carlos E. Caban, Ph.D., M.P.H.  
Division Director  
Office of Extramural Programs  
Office of Extramural Research  
National Institutes of Health  
Rockledge 2, Room 6190  
6701 Rockledge Drive  
Bethesda, MD 20892-7910  
**Phone:** (301) 435-2690  
**Fax:** (301) 480-0146  
**E-Mail:** ec25a@nih.gov

José T. Carneiro, Ed.D.  
Director  
Office of Minority Health Resource Center  
8403 Colesville Road, Suite 910  
Silver Spring, MD 20910  
**Phone:** (301) 587-9704  
**Fax:** (301) 589-0884  
**E-Mail:** jcarneiro@omhrc.gov

Louis Carrera  
Management Analyst  
Administration for Children and Families  
U.S. Department of Health and Human Services  
901 D Street, S.W., Room 703  
Washington, DC 20441  
**Phone:** (202) 401-5762  
**Fax:** (202) 205-4298

Kimberly Carter  
Deputy Director  
Division of Recruitment and Staffing  
Food and Drug Administration  
5600 Fishers Lane, Room 7B-44  
Rockville, MD 20782  
**Phone:** (301) 827-4087  
**Fax:** (301) 594-0694

Ilka Chavez  
Outreach Specialist  
Office of Communications and Operations Support  
Health Care Financing Administration  
Hubert Humphrey Building, Room 4033  
200 Independence Avenue, S.W.  
Washington, DC 20201  
**Phone:** (202) 690-6183  
**E-Mail:** ichavez@hcfa.gov

Rosalyn Cherry  
Budget Officer  
Office of Field Operations  
Health Resources and Services Administration  
5600 Fishers Lane  
Rockville, MD 20857  
**Phone:** (301) 443-3768  
**Fax:** (301) 443-2173  
**E-Mail:** rcherry@hrsa.dhhs.gov

Marcia F. Cohn  
Supervisory Grants Management Specialist  
Division of Extramural Activities  
National Institute of General Medical Sciences  
National Institutes of Health  
45 Center Drive, MSC 6200  
Bethesda, MD 20892-6200  
**Phone:** (301) 594-3918  
**Fax:** (301) 480-2554  
**E-Mail:** cohnm@nigms.nih.gov

Dora Coover  
Equal Employment Opportunity Specialist  
Office of the Director  
Office of Equal Employment Opportunity  
Centers for Disease Control and Prevention  
1600 Clifton Road, MS D20  
Atlanta, GA 30333  
**Phone:** (404) 842-6554  
**Fax:** (404) 842-6582

Javier M. Córdova, M.P.A.  
Policy Analyst  
Office of Demand Reduction  
Office of National Drug Control Policy  
750 17th Street, N.W., Room 602  
Washington, DC 20503  
**Phone:** (202) 395-6166  
**Fax:** (202) 395-6744  
**E-Mail:** javier\_m.\_cordova@oa.eop.gov

Carlos J. Crespo, Ph.D.  
Professor  
Department of Health and Fitness  
American University  
4400 Massachusetts Avenue, N.W.  
Washington, DC 20016-9037  
**Phone:** (202) 885-6259  
**Fax:** (202) 885-6288  
**E-Mail:** crespoc@american.edu

Darryl Crompton, J.D., M.P.H.  
Senior Project Director  
COSMOS Corporation  
3 Bethesda Metro Center, Suite 950  
Bethesda, MD 20814  
**Phone:** (301) 215-9100  
**Fax:** (301) 215-6969  
**E-Mail:** dec@cosmoscorp.com

Margarite Curtis-Farrell  
Equal Employment Manager  
Office of the Director  
Center for Scientific Review  
National Institutes of Health  
RKL-2 Building, Room 3018  
6701 Rockledge Drive, MSC 7776  
Bethesda, MD 20817-7776  
**Phone:** (301) 435-1279  
**Fax:** (301) 480-3969  
**E-Mail:** curtis-m@drg.nih.gov

Paul Cushing  
Regional Manager  
Office for Civil Rights, Region III  
Public Ledger Building, Suite 372  
150 South Independence Mall W  
Philadelphia, PA 19106  
**Phone:** (215) 861-4441  
**Fax:** (215) 861-4431



Robert Davidson, M.S.W.  
Deputy Regional Health Administrator  
U.S. Department of Health and Human Services  
Region II  
26 Federal Plaza, Room 3835  
New York, NY 10278  
**Phone:** (212) 264-2564  
**Fax:** (212) 264-1324  
**E-Mail:** rdavidso@os.dhhs.gov

Carol deBarba  
Native American Program Specialist  
Program Operations  
Administration on Native Americans  
Hubert H. Humphrey Building  
200 Independence Avenue, S.W.  
Washington, DC 20201  
**Phone:** (202) 401-7389  
**Fax:** (202) 690-7441  
**E-Mail:** cdebarba@acf.dhhs.gov

Robert J. Delaney  
Associate Director, Management and Program  
National Center for Environmental Health  
Centers for Disease Control and Prevention  
4770 Buford Highway, N.E., MS-F29  
Atlanta, GA 30341-3724  
**Phone:** (770) 488-7011  
**Fax:** (770) 488-7015  
**E-Mail:** rjdl@cdc.gov

Edmundo DeLeon  
Hispanic Serving Institution Program Manager  
White House Initiative on Education Excellence for  
Hispanic Americans  
400 Maryland Avenue, S.W.  
Washington, DC 20202-3601  
**Phone:** (202) 401-8459  
**Fax:** (202) 401-8377  
**E-Mail:** ed\_deleon@ed.gov

Jan Downing  
Public Information Specialist  
Division of Consumer Services  
Office of Child Support Services  
Administration for Children and Families  
370 L'Enfant Promenade, S.W.  
Washington, DC 20447  
**Phone:** (202) 401-9375

Morgan Dubrow  
Chief  
Human Resources Management Section  
Administrative Management Branch  
National Institute on Drug Abuse  
National Institutes of Health  
Building C, Room 247  
P.O. Box 5780  
Baltimore, MD 21703  
**Phone:** (410) 530-1638  
**Fax:** (410) 550-2224  
**E-Mail:** mdubrow@intra.nida.nih.gov

Alfred P. Duncker, Ph.D.  
Deputy Director  
Office of Program Operations and Development  
Administration on Aging  
330 Independence Avenue, S.W.  
Washington, DC 20201  
**Phone:** (202) 619-1269  
**Fax:** (202) 260-1012  
**E-Mail:** aduncker@ban-gate.aoa.dhhs.gov

Jeffrey Dunlap, M.S.P.H.  
Senior Public Health Advisor  
Office of Field Operations  
Health Resources and Services Administration  
5600 Fishers Lane, Room 11-25  
Rockville, MD 20857  
**Phone:** (301) 443-7070  
**Fax:** (301) 443-2173  
**E-Mail:** jdunlap@hrsa.dhhs.gov

Cherry L. Earl  
Personnel Management Specialist  
Human Resources Office  
National Institute of Nursing Research  
National Institutes of Health  
31 Center Drive, Room 5B13, MSC 2178  
Bethesda, MD 20892  
**Phone:** (301) 402-5490  
**Fax:** (301) 480-4160  
**E-Mail:** cherry\_earl@nih.gov

Jackie Eder-Van Hook  
Acting Director  
Immediate Office of the Administrator  
Agency for Health Care Policy and Research  
U.S. Department of Health and Human Services  
2101 East Jefferson Street, #600  
Rockville, MD 20852

**Phone:** (301) 594-6662

**Fax:** (301) 594-2168

**E-Mail:** [jeder@ahcpr.gov](mailto:jeder@ahcpr.gov)

Patricia El-Hinnawy, M.S.  
Hispanic Communications Initiative  
National Institutes of Health  
Building 31, Room 2B-19  
Bethesda, MD 20892

**Phone:** (301) 402-8915

**Fax:** (301) 496-0019

**E-Mail:** [elhinnp@od.nih.gov](mailto:elhinnp@od.nih.gov)

Tracy E. Farmer, M.B.A.  
Public Affairs Specialist  
Division of Prevention Application and Education  
Center for Substance Abuse Prevention  
Substance Abuse and Mental Health Services  
Administration  
U.S. Department of Health and Human Services  
Rockwall II, Room 800  
5515 Security Lane  
Rockville, MD 20857

**Phone:** (301) 443-9939

**E-Mail:** [tfarmer@samhsa.gov](mailto:tfarmer@samhsa.gov)

Florence Fiori, Dr.P.H.  
Deputy Director  
Maternal and Child Health Bureau  
Health Resources and Services Administration  
U.S. Department of Health and Human Services  
6625 31st Place, N.W.  
Washington, DC 20015

**Phone:** (301) 443-2170

**Fax:** (301) 443-1797

**E-Mail:** [ffiori@hrsa.dhhs.gov](mailto:ffiori@hrsa.dhhs.gov)

Betty Fleming  
EEO Officer  
National Institute of Allergy and Infectious Diseases  
31 Center Drive, Room 7A28, MSC 2520  
Bethesda, MD 20892-2520

**Phone:** (301) 435-8590

**Fax:** (301) 480-2096

**E-Mail:** [bf38c@nih.gov](mailto:bf38c@nih.gov)

Julia Puebla Fortier  
Director  
Resources for Cross Cultural Health Care  
8915 Sudbury Road  
Silver Spring, MD 20901

**Phone:** (301) 588-6051

**Fax:** (301) 585-4898

Janette Gabriel, M.A.  
EEO Outreach and Training Manager  
Equal Employment Opportunity Office  
National Institute of Arthritis and Musculoskeletal and  
Skin Diseases  
Building 31, Room 4C32  
31 Center Drive, MSC 2350  
Bethesda, MD 20892-2350

**Phone:** (301) 402-1152

**Fax:** (301) 480-6069

**E-Mail:** [gabrielj@exchange.nih.gov](mailto:gabrielj@exchange.nih.gov)

Juan Garcia, M.P.A.  
Health Insurance Specialist  
Health Care Financing Administration  
2201 Sixth Avenue, MS/RX44  
Seattle, WA 98121

**Phone:** (206) 615-2362

**Fax:** (206) 615-2363

**E-Mail:** [jgarcia@hcfa.gov](mailto:jgarcia@hcfa.gov)

Ricarda Goins-Mills, M.S.  
Office of Minority Health  
5515 Security Lane  
Rockville, MD 20852

**E-Mail:** [rgoins-mills@osophs.dhhs.gov](mailto:rgoins-mills@osophs.dhhs.gov)

Miryam Granthon  
Healthy People Consortium Coordinator  
Office of Disease Prevention and Health Promotion  
Hubert H. Humphrey Building, Room 7386  
200 Independence Avenue, S.W.  
Washington, DC 20017

**Phone:** (202) 690-6245

**Fax:** (202) 205-9478

**E-Mail:** mgranthon@osophs.dhhs.gov

Mary Graves  
Equal Opportunities Specialist  
Policy and Special Projects Staff  
Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W., Room 522A  
Washington, DC 20201

**Phone:** (202) 619-3320

**Fax:** (202) 619-3818

**E-Mail:** mgraves@os.dhhs.gov

Angela Green-Phillips, M.P.A.  
Public Health Analyst  
Division of Diabetes Translation  
Centers for Disease Control and Prevention  
4770 Buford Highway, MS K-10  
Chamblee, GA 30341

**Phone:** (770) 488-5028

**Fax:** (770) 488-5966

**E-Mail:** ayg2@cdc.gov

Omar Guerrero, J.D.  
Deputy Director  
Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W., Room 522A  
Washington, DC 20201

**Phone:** (202) 619-0403

**Fax:** (202) 619-3818

Vilma Gorena Guinn  
Hispanic Outreach  
Division of Consumer Services  
Office of Child Support Enforcement  
Administration for Children and Families  
370 L'Enfant Promenade, S.W.  
Washington, DC 20447

**Phone:** (202) 401-5355

LaSonya Hall, M.P.A.  
Program Analysis Officer  
Office of the Director  
National Institute of Environmental Health Sciences  
Building 31, Room BK02  
31 Center Drive, MSC 2256  
Bethesda, MD 20892-2256

**Phone:** (301) 496-3511

**Fax:** (301) 496-0563

**E-Mail:** hall2@niehs.nih.gov

J. Taylor Harden, Ph.D., R.N., C  
Assistant to the Director for Special Populations  
Office of the Director  
National Institute on Aging  
Building 31, Room 5C35  
31 Center Drive, MSC 2292  
Bethesda, MD 20892-2292

**Phone:** (301) 496-0765

**Fax:** (301) 496-2525

**E-Mail:** hardent@31.nia.nih.gov

Andres Hardouin  
Health Insurance Specialist  
Health Care Financing Administration  
7500 Security Boulevard, MS-S1-16-15  
Baltimore, MD 21244-1850

**Phone:** (410) 786-0491

**Fax:** (410) 786-1873

**E-Mail:** ahardouin@hcfa.gov

Lynne M. Haverkos, M.D., M.P.H.  
Medical Officer  
Center for Research for Mothers and Children  
Child Development and Behavior Branch  
National Institute of Child Health and Human  
Development  
National Institutes of Health  
Building 6100, Room 4B05B  
9000 Rockville Pike, MSC 7510  
Bethesda, MD 20892-7510

**Phone:** (301) 435-6881

**Fax:** (301) 480-7773

**E-Mail:** lh179r@nih.gov

Betty Lee Hawks  
Special Assistant to the Director  
Office of the Director  
Office of Public Health and Science  
Office of Minority Health  
Health Resources and Services Administration  
5515 Security Lane  
Rockville, MD 20852

**Phone:** (301) 443-5084

**Fax:** (301) 594-0767

**E-Mail:** bhawks@osophs.dhhs.gov

Marcella Haynes  
Director  
Policy and Special Projects Staff  
Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W., Room 502 E  
Washington, DC 20201

**Phone:** (202) 619-0671

**Fax:** (202) 619-3818

**E-Mail:** mhaynes@os.dhhs.gov

Ralph J. Helmsen, Ph.D.  
Research Resources Officer  
Division of Extramural Research  
National Eye Institute  
National Institutes of Health  
6120 Executive Boulevard, Suite 350  
Bethesda, MD 20892-7164

**Phone:** (301) 496-5301

**Fax:** (301) 402-0528

**E-Mail:** rh27v@nih.gov

Don Himes  
Health Insurance Specialist  
Health Care Financing Administration  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, MD 21244-1850

**Phone:** (410) 786-9276

**Fax:** (410) 786-3252

**E-Mail:** dhimes@hcfa.gov

Eileen M. Hogan, M.P.A.  
Program Analyst  
Center for Quality Measurement and Improvement  
Agency for Health Care Policy and Research  
2101 East Jefferson Street  
Rockville, MD 20852

**Phone:** (301) 594-1704

**Fax:** (301) 594-2155

**E-Mail:** chogan@ahcpr.gov

Sharon Lynn Holmes  
Director  
Office of the Administrator  
Office of Equal Employment Opportunities and Civil Rights  
Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane, Room 16C-24  
Rockville, MD 20857

**Phone:** (301) 443-4447

**Fax:** (301) 443-0839

**E-Mail:** sholmes1@samhsa.gov

Janet Howard  
Writer/Editor  
Office of Communications and Public Liaison  
National Institute of Arthritis and Musculoskeletal and Skin Diseases  
Building 31, Room 4C05  
31 Center Drive, MSC 2350  
Bethesda, MD 20892-2350

**Phone:** (301) 496-8190

**Fax:** (301) 480-2814

**E-Mail:** howardj@mail.nih.gov

DeLoris L-James Hunter, Ph.D.  
Associate Administrator  
Office of Minority Health  
Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane, Room 13-A53  
Rockville, MD 20857

**Phone:** (301) 443-7265

**Fax:** (301) 443-9538

**E-Mail:** dhunter@samhsa.gov

Mildred Hunter  
Regional Minority Health Consultant  
Public Health Service, Region V  
105 West Adams Street, 17th Floor  
Chicago, IL 60603  
**Phone:** (312) 353-3832  
**Fax:** (312) 353-1710

Iris Hyman  
Consumer Affairs Specialist  
Center for Mental Health Services  
Substance Abuse and Mental Health Services  
Administration  
Parklawn Building, Room 13-103  
5600 Fishers Lane  
Rockville, MD 20857  
**Phone:** (301) 443-9824  
**Fax:** (301) 443-5163  
**E-Mail:** [ihyman@samhsa.gov](mailto:ihyman@samhsa.gov)

Donald L. Inniss  
Director  
Office of Equal Employment Opportunity  
Human Resources Service  
5600 Fishers Lane, Suite 17-48  
Rockville, MD 20903  
**Phone:** (301) 443-1144  
**Fax:** (301) 443-1145  
**E-Mail:** [dinniss@psc.gov](mailto:dinniss@psc.gov)

Debbie Jackson, M.A.  
Program Analyst  
Office of Research on Women's Health  
National Institutes of Health  
Building 1, Room 203  
9000 Rockville Pike  
Bethesda, MD 20852  
**Phone:** (301) 402-1770  
**Fax:** (301) 402-1798  
**E-Mail:** [dj65m@nih.gov](mailto:dj65m@nih.gov)

Lorrayne Jackson  
Diversity Program Specialist  
Division of Extramural Research  
National Institute of Dental and Craniofacial Research  
Building 45, Room 4AN24  
45 Center Drive, MSC 6402  
Bethesda, MD 20901  
**Phone:** (301) 594-2616  
**Fax:** (301) 480-8318  
**E-Mail:** [lorrayne.jackson@nih.gov](mailto:lorrayne.jackson@nih.gov)

Dennis Jarvis, M.P.H.  
Health Program Official  
Division of Applied Public Health Training  
Epidemiology Program Office  
Centers for Disease Control and Prevention  
1600 Clifton Road, MS D1-8  
Atlanta, GA 30333  
**Phone:** (404) 639-4304  
**Fax:** (404) 639-2222  
**E-Mail:** [dfj1@cdc.gov](mailto:dfj1@cdc.gov)

Arlene Jiménez  
Health Insurance Analyst  
Division of Contractor Customer Service  
Health Care Financing Administration  
HCFA-CBS-MCMG-DCCS, S1-01-26  
Baltimore, MD 21244-1850  
**Phone:** (410) 786-8358  
**Fax:** (410) 786-4047  
**E-Mail:** [ajimenez@hcfa.gov](mailto:ajimenez@hcfa.gov)

Allan Jimenez  
Director  
Faculty Development Program  
Hispanic Association of Colleges and Universities  
One Dupont Circle, N.W.  
Washington, DC 20036  
**Phone:** (202) 833-8361  
**Fax:** (202) 833-8367

Yvonne I. Johns, M.S.A.M.  
Regional Minority Health Coordinator  
Office of the Secretary  
Office of Minority Health  
U.S. Department of Health and Human Services  
Region IV  
Atlanta Federal Center  
61 Forsyth Street, S.W.  
Atlanta, GA 30303-8909  
**Phone:** (404) 562-7905  
**Fax:** (404) 562-7899  
**E-Mail:** [yjohns@osophs.dhhs.gov](mailto:yjohns@osophs.dhhs.gov)

Paul L. Johnson, Ph.D.  
Senior Planning/Evaluation Analyst  
Office of Program Systems  
Office of the Assistant Secretary for Planning and Evaluation  
Humphrey Building - Room 447D  
200 Independence Avenue, S.W.  
Washington, DC 20201  
**Phone:** (202) 401-8277  
**Fax:** (202) 690-8252  
**E-Mail:** pjohnson@osaspe.dhhs.gov

Kay C. Johnson  
EEO Program Manager  
National Institute of Nursing Research  
National Institute on Deafness and Other Communication Disorders  
National Institutes of Health  
Building 31, Room 3C-08  
31 Center Drive  
Bethesda, MD 20892-2320  
**Phone:** (301) 402-6415  
**Fax:** (301) 486-7171  
**E-Mail:** johnsonk@ms.nidcd.nih.gov

Walter L. Jones  
Deputy Director for Management and Operations  
Office of the Director  
Clinical Center  
National Institutes of Health  
Building 10, Room 2C146  
10 Center Drive, MSC 1504  
Bethesda, MD 20892  
**Phone:** (301) 496-3227  
**Fax:** (301) 402-0244  
**E-Mail:** wjones@cc.nih.gov

Richard J. Joyce, Jr.  
Equal Opportunity Specialist  
Program Development and Training  
Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, DC 20201  
**Phone:** (202) 619-0128  
**Fax:** (202) 619-3818  
**E-Mail:** rjoyce@os.dhhs.gov

Christine Kasting, M.P.H.  
Health Scientist  
National Institute for Occupational Safety and Health  
Centers for Disease Control and Prevention  
1600 Clifton Road, MS D-40  
Atlanta, GA 30333  
**Phone:** (404) 639-1532  
**Fax:** (404) 639-3064  
**E-Mail:** cuhl1@cdc.gov

Mariana Kastrinakis, M.D., M.P.H.  
Senior Advisor-Adolescent Health  
Office of Population Affairs  
Office of Public Health and Science  
U.S. Department of Health and Human Services  
4350 East-West Highway, Room 200 West  
Bethesda, MD 20814  
**Phone:** (301) 594-7611  
**Fax:** (301) 594-5980  
**E-Mail:** mkastrinakis@osophs.dhhs.gov

Dorothy Kelly  
Regional Minority Health Coordinator  
Office of Minority Health  
Office of Public Health and Science  
U.S. Department of Health and Human Services  
ORD, Region III, Suite 436  
The Public Ledger Building  
150 South Independence Mall West  
Philadelphia, PA 19106  
**Phone:** (215) 861-4618  
**Fax:** (215) 861-4623  
**E-Mail:** dkelly@hrsa.dhhs.gov

Terry King  
Personnel Officer  
Office of Planning and Resource Management  
National Institute on Drug Abuse  
National Institutes of Health  
Parklawn Building, Room 10A-03  
5600 Fishers Lane  
Rockville, MD 20857  
**Phone:** (301) 443-9593  
**Fax:** (301) 443-3088  
**E-Mail:** tk24d@nih.gov

Leslie D. Knight  
EEO Specialist  
Office of Equal Opportunity and Civil Rights  
Health Care Financing Administration  
7500 Security Boulevard, Room N2-22-16  
Baltimore, MD 21244-1850  
**Phone:** (410) 786-5124  
**Fax:** (410) 786-9549  
**E-Mail:** lknight@hcfa.gov

Richard Kopanda  
Executive Officer  
Office of Program Services  
Substance Abuse and Mental Health Services  
Administration  
5600 Fishers Lane, Room 12-105  
Rockville, MD 20857  
**Phone:** (301) 443-3875  
**Fax:** (301) 443-0284  
**E-Mail:** rkopanda@samhsa.gov

Eve-Marie Lacroix, M.S.  
Chief  
Public Services Division  
National Library of Medicine  
8600 Rockville Pike  
Bethesda, MD 20894  
**Phone:** (301) 496-5501  
**Fax:** (301) 402-1384  
**E-Mail:** lacroix@nlm.nih.gov

Rosamelia T. Lecea  
Director  
Office of Equal Employment and Civil Rights  
U.S. Food and Drug Administration  
5600 Fishers Lane, Room 8-92, HF-15  
Rockville, MD 20857  
**Phone:** (301) 827-4830  
**Fax:** (301) 827-0939  
**E-Mail:** rlecea@bangate.fda.gov

Regina Lee, J.D.  
Office of Minority Health  
U.S. Department of Health and Human Services  
5515 Security Lane  
Rockville, MD 20852  
**Phone:** (301) 443-9924  
**Fax:** (301) 443-8280  
**E-Mail:** rlee@osophs.dhhs.gov

Yvonne H. Lewis  
Minority Health Program Specialist  
Centers for Disease Control and Prevention  
1600 Clifton Road, N.E., Mailstop D-39  
Atlanta, GA 30341  
**Phone:** (404) 639-7220  
**Fax:** (404) 639-7039  
**E-Mail:** yal0@cdc.gov

Lavinia Limon  
Director  
Office of Refugee Resettlement  
Administration for Children and Families  
U.S. Department of Health and Human Services  
Aerospace Building, Sixth Floor  
370 L'Enfant Promenade, S.W.  
Washington, DC 20447  
**Phone:** (202) 401-9246  
**Fax:** (202) 401-0981  
**E-Mail:** llimon@orr.od@acf.dhhs.gov

Ann Linehan  
Director  
Program Operations  
Head Start Bureau  
Administration on Children, Youth and Families  
Administration for Children and Families  
330 C Street, S.W.  
Washington, DC 20204  
**Phone:** (202) 205-8572  
**E-Mail:** anlinehan@acf.dhhs.gov

Huan Linnan, M.D., M.P.H.  
Health Communication Analyst  
Office of Communication  
Centers for Disease Control and Prevention  
1600 Clifton Road, MS D-42  
Atlanta, GA 30333  
**Phone:** (404) 639-7295  
**Fax:** (404) 639-7391  
**E-Mail:** hcl5@cdc.gov

Michael L. Lopez, Ph.D.  
Director  
Commissioner's Office on Research and Evaluation  
Administration on Children, Youth and Families  
Administration for Children and Families  
330 C Street, S.W., Room 2128  
Washington, DC 20204  
**Phone:** (202) 205-8212  
**Fax:** (202) 205-9721  
**E-Mail:** milopez@acf.dhhs.gov

Shari Eason Ludlam, M.P.H.  
Program Specialist  
Women's Health Initiative  
National Heart, Lung, and Blood Institute  
National Institutes of Health  
1 Rockledge Center, Suite 300  
6705 Rockledge Drive, MSC 7966  
Bethesda, MD 20817  
**Phone:** (301) 402-2900  
**Fax:** (301) 480-5158  
**E-Mail:** shari\_ludlam@nih.gov

Gerrie Maccannon, M.P.A.  
Special Assistant to the Director  
Office of Minority Health  
U.S. Department of Health and Human Services  
5515 Security Lane  
Rockville, MD 20852  
**Phone:** (301) 443-5084  
**Fax:** (301) 594-0767  
**E-Mail:** gmaccann@osophs.dhhs.gov

Olga E. Maldonado, M.B.A.  
Personnel Management Specialist  
Human Resources Management Office  
Office of Program Support  
Centers for Disease Control and Prevention  
2960 Brandywine Road  
Chamblee, GA 30341  
**Phone:** (770) 488-1895  
**Fax:** (770) 488-1975  
**E-Mail:** oemo@cdc.gov

Lia Margolis  
Director  
Marketing and Business Development  
Los Angeles County Health Department  
1387 Monument Street  
Pacific Palisades, CA 90272  
**Phone:** (213) 226-4589  
**Fax:** (310) 573-1702

Terry Maricle  
Program Analyst  
Office of Women's Health  
Centers for Disease Control and Prevention  
1600 Clifton Road, N.E., MS-D51  
Atlanta, GA 30333  
**Phone:** (404) 639-7230  
**Fax:** (404) 639-7331  
**E-Mail:** tcm3@cdc.gov

Samuel Martinez-Cardona, M.D.  
Epidemiologist  
CAPNPB  
Division of HIV/AIDS Prevention-Intervention Research  
and Support  
National Center for HIV, STD and TB Prevention  
Centers for Disease Control and Prevention  
1600 Clifton Road, MS E58  
Atlanta, GA 30333  
**Phone:** (404) 639-5219  
**Fax:** (404) 639-5257  
**E-Mail:** sbm5@cdc.gov

Harriet G. McCombs, Ph.D.  
Coordinator of Minority Mental Health Programs  
Program Development and Special Populations  
Center for Mental Health Services  
Substance Abuse and Mental Health Services  
Administration  
5600 Fishers Lane, Room 18C-07  
Rockville, MD 20857  
**Phone:** (310) 443-7790  
**Fax:** (310) 443-7912  
**E-Mail:** hmccombs@samhsa.gov



Paulette McDonald  
Special Assistant to Human Resources Director/EEO  
Manager/OC  
Office of Human Resources and Management Services  
Office of Management Systems  
Food and Drug Administration  
5600 Fishers Lane, Room 7-59, HFA-400  
Rockville, MD 20857  
**Phone:** (301) 827-4100  
**Fax:** (301) 443-6684

John Medina, III, M.P.A.  
Diversity Program Manager  
Office of Equal Opportunity  
National Institutes of Health  
Building 31, Room 2B34  
31 Center Drive  
Bethesda, MD 20892  
**Phone:** (301) 496-9281  
**Fax:** (301) 402-0994  
**E-Mail:** medinaj@od.nih.gov

Rosa I. Merello, Ph.D.  
Public Health Advisor  
Hispanic/Latino Initiative  
Center for Substance Abuse Prevention  
Substance Abuse and Mental Health Services  
Administration  
5600 Fishers Lane  
Rockville, MD 20857  
**Phone:** (301) 443-7462  
**Fax:** (301) 443-5581  
**E-Mail:** rmerello@samhsa.gov

David J. Miranda, Ph.D.  
Social Science Research Analyst  
Center for Beneficiary Services  
Health Care Financing Administration  
7500 Security Boulevard, MS S1-15-00  
Baltimore, MD 21244-1850  
**Phone:** (410) 786-7819  
**Fax:** (410) 786-8004  
**E-Mail:** dmiranda@hcfa.gov

Timothy Mitchell  
Office of Minority Health  
U.S. Department of Health and Human Services  
2528 Locustwood Place  
Silver Spring, MD 20905  
**Phone:** (301) 443-5084  
**Fax:** (301) 594-0767

J. Henry Montes, M.P.H.  
Director  
Dental and Public Health Professions  
Bureau of Health Professionals  
Health Resources and Services Administration  
5600 Fishers Lane, Room 8-101  
Rockville, MD 20854  
**Phone:** (301) 443-6853  
**Fax:** (301) 443-1164  
**E-Mail:** hmontes@hrsa.dhhs.gov

Carl Montoya  
Special Assistant  
Office of the Commissioner  
Administration on Children, Youth and Families  
Administration for Children and Families  
330 C Street, S.W.  
Washington, DC 20204  
**Phone:** (202) 205-8557  
**Fax:** (202) 205-9552  
**E-Mail:** cmontoya@acf.dhhs.gov

Evangelina A. Montoya, M.S.N.  
Program Management Consultant  
Division of Community and Migrant Health  
Health Resources and Services Administration  
U.S. Department of Health and Human Services  
4350 East-West Highway, 7th Floor  
Bethesda, MD 20814  
**Phone:** (301) 594-4305  
**Fax:** (301) 594-4997  
**E-Mail:** emontoya@hrsa.dhhs.gov

Pedro J. Morales, J.D.  
Deputy Director  
Office of Equal Opportunity  
Office of the Director  
National Institutes of Health  
Building 31, Room 2B-34  
Bethesda, MD 20892  
**Phone:** (301) 496-6301  
**Fax:** (301) 402-0994  
**E-Mail:** moralesp@od.nih.gov

Rosa N. Morales, M.S.W.  
Deputy Director  
Office of Equal Employment and Civil Rights  
U.S. Food and Drug Administration  
5600 Fishers Lane, Room 8-92, HF-15  
Rockville, MD 20857

**Phone:** (301) 827-4830

**Fax:** (301) 827-0939

**E-Mail:** rmorales@bangate.fda.gov

LaJoy Mosby, M.B.A.  
Deputy Director  
Office of Minority Health Resource Center  
8403 Colesville Road, Suite 910  
Silver Spring, MD 20910

**Phone:** (301) 587-9704

**Fax:** (301) 589-0884

**E-Mail:** lmosby@omhrc.gov

Matthew Murguia, M.P.A.  
Agency Representative  
White House Office of National AIDS Policy  
736 Jackson Place, N.W.  
Washington, DC 20503

**Phone:** (202) 456-2437

**Fax:** (202) 456-2438

**E-Mail:** murguia\_m@al.eop.gov

Rosa Ferrer Myers, A.R.N.P., M.S.N.  
Regional Woman's Health Coordinator  
Office of Public Health and Science  
U.S. Department of Health and Human Services  
Region III  
150 South Independence Mall West, Suite 436  
Philadelphia, PA 191006

**Phone:** (215) 861-4637

**Fax:** (215) 861-4623

**E-Mail:** rmyers@hrsa.dhhs.gov

Claudia Nieves, M.S.  
Hispanic Communications Initiative  
National Institutes of Health  
Building 31, Room 2B-19  
31 Center Drive, MSC 2062  
Bethesda, MD 20892-2062

**Phone:** (301) 435-7492

**Fax:** (301) 496-0019

**E-Mail:** claudianieves@hotmail.com

Hipolito V. Nino, Ph.D.  
Associate Director of Clinical Lab Programs  
Division of Life Sciences  
Office of Science and Technology  
Center for Devices and Radiological Health  
U.S. Food and Drug Administration  
5600 Fishers Lane, HFZ-110  
Rockville, MD 20857

**Phone:** (301) 443-7156

**Fax:** (301) 594-6775

**E-Mail:** hvn@cdrh.fda.gov

Teresa Niño  
529 West Elsmere Place  
San Antonio, TX 78212

**Phone:** (210) 977-7814

**Fax:** (210) 977-7807

Diana O'Donovan  
Information Specialist  
Scientific Communications Branch  
National Institute on Alcohol Abuse and Alcoholism  
Willco Building, Suite 409  
6000 Executive Boulevard  
Bethesda, MD 20892-7003

**Phone:** (301) 443-0596 or 443-3860

**Fax:** (301) 480-1726

**E-Mail:** dollq@nih.gov

Carl Ohata, Ph.D.  
Scientific Review Administrator  
Office of Research Review, Education, and Policy  
Agency for Health Care Policy and Research  
Rockville, MD 20852

**Phone:** (301) 594-6040

**Fax:** (301) 594-0154

**E-Mail:** cohata@ahcpr.gov

Lorenzo Olivas  
Regional Minority Health Consultant  
U.S. Public Health Service, Region VIII  
Stout Street Room  
Denver, CO 80294

**Phone:** (303) 844-6163 x346

**Fax:** (303) 844-2019

**E-Mail:** lolivas@hrsa.dhhs.gov

Lucia Palacios  
Head Start Fellow  
Head Start Bureau  
Administration on Children, Youth and Families  
Administration for Children and Families  
330 C Street, S.W.  
Washington, DC 20204  
**Phone:** (202) 205-8395  
**E-Mail:** lpalacios@acf.dhhs.gov

Averette Mhoon Parker, M.D.  
Director of Minority Health Concerns  
Office of the Director  
Center for Substance Abuse Prevention  
Substance Abuse and Mental Health Services  
Administration  
5515 Security Lane  
Rockville, MD 20857  
**Phone:** (301) 443-0316  
**E-Mail:** aparker@samhsa.gov

JoAnne Pegler, Ph.D., M.P.H.  
Women's Health Coordinator  
National Center for HIV, STD, and TB Prevention  
Centers for Disease Control and Prevention  
1600 Clifton Road, N.E. MSE-07  
Atlanta, GA 30333  
**Phone:** (404) 639-8993  
**Fax:** (404) 639-8629  
**E-Mail:** jkp5@cdc.gov

Christina Perez, R.N., F.N.P.  
Regional Minority Health Consultant  
Office of Minority Health  
Office of Public Health and Science  
U.S. Department of Health and Human Services  
Region IX  
50 United Nations Plaza, Room 329  
San Francisco, CA 94102  
**Phone:** (415) 437-8124  
**Fax:** (415) 437-8069  
**E-Mail:** cperez@hrsa.dhhs.gov

Clifton Poodry, Ph.D.  
Director  
Minority Opportunities in Research  
National Institute of General Medical Sciences  
National Institutes of Health  
45 Center Drive, Suite 2As.37, MSC 6200  
Bethesda, MD 20892-6200  
**Phone:** (301) 594-3900  
**Fax:** (301) 480-2753  
**E-Mail:** poodryc@nigms.nih.gov

Curtis Porter  
Senior Program Analyst  
Family and Youth Services Bureau  
Administration on Children, Youth and Families  
Administration for Children and Families  
330 C Street, S.W.  
Washington, DC 20204  
**Phone:** (202) 205-8306  
**E-Mail:** cporter@acf.dhhs.gov

Dario Prieto, M.A.  
Employment Manager  
Health Resources and Services Administration  
U.S. Department of Health and Human Services  
5600 Fishers Lane, Room 14A27  
Rockville, MD 20857  
**Phone:** (301) 443-0331  
**Fax:** (301) 443-7898

Rose Pruitt, M.B.A.  
Minority Program Manager  
National Institute of Diabetes and Digestive and Kidney  
Diseases  
National Institutes of Health  
Building 31A, Room 9A20  
9000 Rockville Pike  
Bethesda, MD 20892-2560  
**Phone:** (301) 496-3670  
**Fax:** (301) 496-0946  
**E-Mail:** rp84r@nih.gov

Julie Radoslovich, M.P.A.  
Senior Analyst  
Center for Beneficiary Services  
Health Care Financing Administration  
7500 Security Boulevard  
Baltimore, MD 21244  
**Phone:** (410) 786-9520  
**Fax:** (410) 786-1873  
**E-Mail:** jradoslovich@hcfa.gov

Maria Ramirez  
Health Insurance Specialist  
Division of Contractor Customer Service  
Center for Beneficiary Services  
Health Care Financing Administration  
7500 Security Boulevard, S1-02-26  
Baltimore, MD 21244

**Phone:** (410) 786-1122

**Fax:** (410) 786-4047

**E-Mail:** mramirez@hcfa.gov

Marta D. Ramirez  
Administrative Assistant  
Office of the Director  
National Immunization Program  
Centers for Disease Control and Prevention  
1600 Clifton Road, MS E-05  
Atlanta, GA 30303

**Phone:** (404) 639-8201

**Fax:** (404) 639-8626

**E-Mail:** mdr1@cdc.gov

Linda J. Reck  
Head  
Program, Planning, and Evaluation  
Office of AIDS Research  
National Institutes of Health  
Building 31, Room 4B62  
31 Center Drive  
Bethesda, MD 20892

**Phone:** (301) 402-8655

**Fax:** (301) 402-8638

**E-Mail:** lr9t@nih.gov

Linda J. Reeves  
Assistant Administrator for Equal Opportunity  
Agency for Health Care Policy and Research  
2101 East Jefferson Street  
Rockville, MD 20852

**Phone:** (301) 594-6665

**Fax:** (301) 443-0251

**E-Mail:** lreeves@ahcpr.gov

Marlene Rey  
Senior Equal Opportunity Specialist  
Office for Civil Rights, Region III  
U.S. Department of Health and Human Services  
Public Ledger Building  
150 South Independence Mall W.  
Philadelphia, PA 19106

**Phone:** (215) 861-4447

**Fax:** (215) 861-4431

Juan J. Reyes, M.S.  
Director  
Office of Regional Operation  
Agency for Toxic Substances and Disease Registry  
1600 Clifton Road, MS/E28  
Atlanta, GA 30333

**Phone:** (404) 639-6090

**Fax:** (404) 639-0740

**E-Mail:** jur2@cdc.gov

Wayne Richey  
Deputy Director of Operations  
Administrative Operations Service  
Program Support Center  
5600 Fishers Lane, Suite 17A-55  
Rockville, MD 20857

**Phone:** (301) 443-2516

**Fax:** (301) 443-5107

**E-Mail:** wrichey@psc.gov

Caryll Rinehart  
Program Analyst  
National Center for Injury Prevention and Control  
Centers for Disease Control and Prevention  
4770 Buford Highway, N.E., MS-K61  
Atlanta, GA 30341

**Phone:** (770) 488-1482

**Fax:** (770) 488-4222

**E-Mail:** cdr6@cdc.gov

Elena Rios, M.D., M.S.P.H.  
Director  
Hispanic-Serving Health Professions Schools  
1700 17th Street, N.W., Suite 405  
Washington, DC 20009

**Phone:** (202) 667-9788

**Fax:** (202) 234-5468

**E-Mail:** hishps@aol.com

Irma Valencia Robison  
Special Assistant to Director  
President's Initiative on Food Safety  
U.S. Food and Drug Administration  
12229 Wendy Lane  
Waldorf, MD 20601

**Phone:** (202) 260-3903

**Fax:** (202) 260-9653

**E-Mail:** irma.robinson@ocd@fda.cfsan

Angel Roca  
Program Analyst  
Office of the Director  
National Center for Chronic Disease Prevention and  
Health Promotion  
Centers for Disease Control and Prevention  
4770 Buford Highway, Mailstop K-40  
Atlanta, GA 30341  
**Phone:** (770) 488-5706  
**Fax:** (770) 488-5962  
**E-Mail:** axr4@cdc.gov

Carlos Rodriguez, Ph.D.  
Senior Research Analyst  
American Institute for Research  
1000 Thomas Jefferson Street, N.W.  
Washington, DC 20007  
**Phone:** (202) 944-5343  
**Fax:** (202) 944-5454  
**E-Mail:** crodriguez@air-dc.org

Ilze Ruditis  
Program Manager  
Center for Mental Health Services  
Substance Abuse and Mental Health Services  
Administration  
5600 Fishers Lane, Room 15C-26  
Rockville, MD 20857  
**Phone:** (301) 443-3406  
**Fax:** (301) 594-0091  
**E-Mail:** iruditis@samhsa.gov

Liz Perez Russo  
Regional Outreach Consultant  
National Immunization Program  
Centers for Disease Control and Prevention  
26 Federal Plaza, Room 3835  
New York, NY 10278  
**Phone:** (212) 264-4494  
**Fax:** (212) 264-1324  
**E-Mail:** eperez-r@os.dhhs.gov

Alfred L. Salas  
Assistant Executive Officer  
Office of Administration  
National Institute of Neurological Disorders and Stroke  
National Institutes of Health  
Building 31, Room 8A-24  
31 Center Drive, MSC 2540  
Bethesda, MD 20892-2540  
**Phone:** (301) 496-2575  
**Fax:** (301) 402-2818  
**E-Mail:** ls70t@nih.gov

Deborah A. Santiago  
Deputy Director  
White House Initiative on Educational Excellence for  
Hispanic Americans  
400 Maryland Avenue, S.W., 5E-110  
Washington, DC 20202  
**Phone:** (202) 401-7479  
**Fax:** (202) 401-8377  
**E-Mail:** deborah\_santiago@ed.gov

Willard Saunders  
Public Health Advisor  
Division of State and Community Assistance  
Center for Substance Abuse Treatment  
Substance Abuse and Mental Health Services  
Administration  
Rockwall II, Suite 880  
5600 Fishers Lane  
Rockville, MD 20857  
**Phone:** (301) 443-9627  
**Fax:** (301) 443-8345  
**E-Mail:** wsaundel@samhsa.gov

Russ Scarato  
Chief, Data Analysis  
Division of Science Education and Analysis  
Information Resource Management Branch  
Maternal and Child Health Bureau  
Health Resources and Services Administration  
5600 Fishers Lane, Room 18A-55  
Rockville, MD 20857  
**Phone:** (301) 443-0701  
**Fax:** (301) 443-4842  
**E-Mail:** rscarato@hrsa.dhhs.gov

Carole Schauer, M.S., R.N.  
Consumer Affairs Specialist  
Office of External Liaison  
Center for Mental Health Services  
Substance Abuse and Mental Health Services  
Administration  
5600 Fishers Lane  
Rockville, MD 20857

**Phone:** (301) 443-8304

**Fax:** (301) 443-5163

**E-Mail:** cschauer@samhsa.gov

Edward Searle, M.B.A.  
Director  
Office of Policy, Planning, and Administration  
Center for Mental Health Services  
Substance Abuse and Mental Health Services  
Administration  
5600 Fishers Lane, Room 15-105  
Rockville, MD 20857

**Phone:** (301) 443-0000

**Fax:** (301) 443-1567

**E-Mail:** tsearle@samhsa.gov

Steve Seitz, M.Div.  
Senior Program Analyst  
User Liaison Program  
Agency for Health Care Policy and Research  
3902 Madison Street  
Hyattsville, MD 20701

**Phone:** (301) 594-2066

**Fax:** (301) 594-2035

**E-Mail:** sseitz@ahcpr.gov

Willie H. Sessoms  
EEO Specialist  
Administration for Children and Families  
U.S. Department of Health and Human Services  
901 D Street, S.W., 6th Floor East  
Washington, DC 20447

**Phone:** (202) 401-1448

**Fax:** (202) 205-5888

**E-Mail:** willieh.sessoms@oa.eeosi

Nancy Shemick  
Business Development Director  
Fox Systems, Inc.  
1150 Ballena Boulevard, Suite 100  
Alameda, CA 94501

**Phone:** (510) 769-8830

**Fax:** (510) 769-8890

Laura Shepherd  
Public Health Analyst  
Office of Minority Health  
Office of the Administrator  
Health Resources and Services Administration  
Parklawn Building, Room 14-48  
5600 Fishers Lane  
Rockville, MD 20857

**Phone:** (301) 443-2964

**Fax:** (301) 443-7853

**E-Mail:** lshepherd@hrsa.dhhs.gov

David L. Shorts  
Equal Employment Opportunity Officer  
Administration for Children and Families  
901 D Street, S.W., 6th Floor East  
Washington, DC 20447

**Phone:** (202) 401-4784

**Fax:** (202) 205-5888

**E-Mail:** davidshorts@oa.eeosi

James Simpson, M.P.A.  
Program Analyst  
Office of Minority Health  
U.S. Department of Health and Human Services  
10308 Lariston Lane  
Silver Spring, MD 20903

**Phone:** (301) 443-9923

**Fax:** (301) 443-8280

**E-Mail:** jsimpson@osophs.dhhs.gov

Barbara Sina, Ph.D.  
Health Scientist Administrator  
Division of International Training and Research  
National Institutes of Health  
Fogarty International Center  
31 Center Drive, MSC 2220  
Bethesda, MD 20892-2220

**Phone:** (301) 496-1653

**Fax:** (301) 402-0779

Rada Spencer, MT (ASCP)  
Program Analyst  
Office of Inspector General  
Office of Evaluation and Inspections  
U.S. Department of Health and Human Services  
330 Independence Avenue, S.W., Room 5651  
Washington, DC 20201

**Phone:** (202) 205-0564

**Fax:** (202) 619-2034

**E-Mail:** rspencer@os.dhhs.gov

Lillian Sugarman  
Technical Assistance Director  
Child Care Bureau  
Administration on Children, Youth and Families  
Administration for Children and Families  
330 C Street, S.W.  
Washington, DC 20204  
**Phone:** (202) 690-6243  
**Fax:** (202) 690-5600  
**E-Mail:** lsugarman@acf.dhhs.gov

Gloria Marquez Sundaresan  
Equal Employment Opportunity Specialist  
Office of the Director  
Center for Drug Evaluation and Research  
U.S. Food and Drug Administration  
5600 Fishers Lane, HFD-08  
Rockville, MD 20857  
**Phone:** (301) 594-5427  
**Fax:** (301) 443-0432  
**E-Mail:** sundaresa@cder.fda.gov

Marlene G. Swider, M.H.S.A.  
Planning and Evaluation  
Office of Regulatory Affairs  
U.S. Food and Drug Administration  
5600 Fishers Lane, Room 12-38  
Rockville, MD 20857  
**Phone:** (301) 827-1635  
**Fax:** (301) 443-7212  
**E-Mail:** mswider@ora.fda.gov

David C. Thompson  
Public Health Advisor  
Center for Substance Abuse Treatment  
Substance Abuse and Mental Health Services  
Administration  
Rockwall II, Suite 740  
5600 Fishers Lane  
Rockville, MD 20857  
**Phone:** (301) 443-6523  
**Fax:** (301) 443-3543  
**E-Mail:** dthompso@samhsa.gov

Elsa N. Travers  
Equal Employment Opportunity Specialist  
Office of Equal Employment Opportunity  
National Center for Health Statistics  
Centers for Disease Control and Prevention  
6525 Belcrest Road, Room 700  
Hyattsville, MD 20782  
**Phone:** (301) 436-7045  
**Fax:** (301) 436-3852  
**E-Mail:** nntl@cdc.gov

Robert Velasco, II  
Senior Analyst  
Administration for Children and Families/Regional  
Operations  
370 L'Enfant Promenade, S.W.  
Washington, DC 20447  
**Phone:** (202) 401-5138  
**Fax:** (202) 401-5706  
**E-Mail:** rvelasco@acf.dhhs.gov

Jorge Velázquez, M.P.A.  
Special Assistant  
Office of Refugee Resettlement  
Administration for Children and Families  
U.S. Department of Health and Human Services  
Aerospace Building, Sixth Floor  
901 D Street, S.W.  
Washington, DC 20447  
**Phone:** (202) 260-1853  
**Fax:** (202) 401-0981

Eugene L. Vigil, Ph.D.  
Scientific Review Administrator  
Center for Scientific Review  
National Institutes of Health  
6701 Rockledge Drive, Room 5144  
Bethesda, MD 20892  
**Phone:** (301) 435-1025  
**Fax:** (301) 480-3527  
**E-Mail:** vigile@drg.nih.gov

Mary C. Wallace  
Senior Advisor, Minority Initiatives and Policy  
Office of Consumer Affairs  
U.S. Food and Drug Administration  
5600 Fishers Lane, Room 16-85, HFE-3  
Rockville, MD 20857  
**Phone:** (301) 827-4406  
**Fax:** (301) 827-3052 or (301) 443-9767  
**E-Mail:** mwallace@oc.fda.gov

Jessie D. Washington  
Equal Opportunity Specialist  
Office of Management Planning and Evaluation  
Office of the Secretary, Office for Civil Rights  
200 Independence Avenue, S.W.  
Washington, DC 20201  
(202) 619-0204

**Phone:** (202) 619-3818

**Fax:** jessiewashington@ocr.ompe

Linda R. Washington, M.S.  
Technical Information Specialist  
Division of Data Services  
National Center for Health Statistics  
Centers for Disease Control and Prevention  
6525 Belcrest Road, Suite 1064  
Hyattsville, MD 20782

**Phone:** (301) 436-6154

**Fax:** (301) 436-3797

**E-Mail:** lrwl@cdc.gov

Alesia Weslowski, M.B.A.  
Senior Consultant  
Office of Government Consulting  
Arthur Andersen  
1150 17th Street, N.W., Suite 904  
Washington, DC 20036

**Phone:** (202) 778-6812

**Fax:** (202) 786-3898

**E-Mail:** alesia.e.weslowski@us.  
arthurandersen.com

Pathenia A. Wiggins  
Personnel Officer  
National Center for Research Resources  
National Institutes of Health  
Building 31, Room 3B43  
31 Center Drive, MSC 2131  
Bethesda, MD 20892

**Phone:** (301) 496-1524

**Fax:** (301) 402-2110

Pamela J. Wilkerson, M.P.A.  
Program Analyst  
Community and Minority Health Liaison  
National Center for Environmental Health  
Centers for Disease Control and Prevention  
4770 Buford Highway, N.E., MS-F29  
Atlanta, GA 30341-3724

**Phone:** (770) 488-7249

**Fax:** (770) 488-4178

**E-Mail:** pxj2@cdc.gov

Lawrence (Larry) Wolf  
Program Analyst  
OPRE  
Administration for Children and Families  
370 L'Enfant Promenade, S.W., 7th Floor West  
Washington, DC 20447

**Phone:** (202) 401-5084

**Fax:** (202) 205-3598

Marie Young  
Equal Employment Specialist  
Office of Equal Employment Opportunity  
Centers for Disease Control and Prevention  
1600 Clifton Road, MS-E20  
Atlanta, GA 30325

**Phone:** (404) 842-6445

**E-Mail:** mbg4@cdc.gov

Hinda Zlotnik, Ph.D.  
Program Director  
Minority Opportunities in Research  
National Institute of General Medical Sciences  
National Institutes of Health  
45 Center Drive, Suite 2As.37, MSC 6200  
Bethesda, MD 20892-6200

**Phone:** (301) 594-3900

**Fax:** (301) 480-2753

**E-Mail:** hindaz@nigms.nih.gov



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**IQ Solutions, Inc. Staff**

11300 Rockville Pike, Suite 801

Rockville, MD 20852

**Phone:** (301) 984-1471**Fax:** (301) 984-1473

Ted Buxton, M.P.H.  
Project Director  
tbuxton@iqsolutions.com

Barbara Cohen, Ph.D., M.P.H.  
Vice President  
bcohen@iqsolutions.com

Peter Edwards  
Senior Meeting Manager  
pedwards@iqsolutions.com

Akia Hardnett  
Meeting Assistant  
ahardnett@iqsolutions.com

Gale Harris  
Senior Associate  
gharris@iqsolutions.com

C. Godfrey Jacobs  
Project Director  
gjacobs@iqsolutions.com

Tula Michaelides, M.A.  
Health Communications Associate  
tmichaelides@iqsolutions.com

Abraham Mittelman, M.P.H., M.A.  
Director  
Science and Technology Programs  
amittelman@iqsolutions.com

Sara Morales  
Meeting Assistant  
smorales@iqsolutions.com

Jaimee Nusbacher  
Meeting Planner  
jnusbacher@iqsolutions.com

Ileana Quintas  
CEO and President  
iquintas@iqsolutions.com

Claudia M. Siervo  
Technology and Research Analyst  
csiervo@iqsolutions.com

Sheri Singer  
Director  
ssinger@iqsolutions.com

Lisa Wilder  
Meeting Assistant  
lwilder@iqsolutions.com

Mary R. Yakaitis, M.A.  
Senior Vice President  
Acting Director  
Communication and Education Group  
myakaitis@iqsolutions.com





